


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

APPROVED  
AND  
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98 JUN -8 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000058089 (8) 1. Corporation Name THE INSTITUTE OF THE MIND INC.					
Principal Place of Business P O BOX 330088 MIAMI FL 33233			Mailing Address P O BOX 330088 MIAMI FL 33233		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2 Grove Isle Dr. Suite, Apt. #, etc. 22 Apt. 507 City & State 23 Miami, FL. Zip 24 33133		2a. Mailing Address 26 P.O. Box 330088 Suite, Apt. #, etc. 27 City & State 28 Miami FL. Zip 29 33233		3. Date Incorporated or Qualified 07/02/1997	
Country 25 USA		Country 30 USA		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ZURITA, CECILIA 1945 SW 81ST WAY DAVIE FL				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.1 TITLE				P			
1.2 NAME				Cecilia Zurita			
1.3 STREET ADDRESS				1945 S.W. 81 Way, Davie, FL, 33233			
1.4 CITY-ST-ZIP				200002557552--1			
2.1 TITLE				-06/12/98--01001--014			
2.2 NAME				****158.75 ****158.75			
2.3 STREET ADDRESS				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.4 CITY-ST-ZIP				3.1 TITLE			
3.1 TITLE				3.2 NAME			
3.2 NAME				3.3 STREET ADDRESS			
3.3 STREET ADDRESS				3.4 CITY-ST-ZIP			
3.4 CITY-ST-ZIP				4.1 TITLE			
4.1 TITLE				4.2 NAME			
4.2 NAME				4.3 STREET ADDRESS			
4.3 STREET ADDRESS				4.4 CITY-ST-ZIP			
4.4 CITY-ST-ZIP				5.1 TITLE			
5.1 TITLE				5.2 NAME			
5.2 NAME				5.3 STREET ADDRESS			
5.3 STREET ADDRESS				5.4 CITY-ST-ZIP			
5.4 CITY-ST-ZIP				6.1 TITLE			
6.1 TITLE				6.2 NAME			
6.2 NAME				6.3 STREET ADDRESS			
6.3 STREET ADDRESS				6.4 CITY-ST-ZIP			
6.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE

*[Signature]*

06/22/98 (305) 855 6700

CR2E034 (10/97)