

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S07171** (9)

1. Corporation Name
PSYCHOLOGICAL RESOURCES, INC.

Principal Place of Business
**782 NW LE JEUNE RD., #543
MIAMI FL 33126**

Mailing Address
**782 NW LE JEUNE RD., #543
MIAMI FL 33126**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/16/1990

4. FEI Number
65-0226391

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**DANGER, IVAN
12450 S.W. 25TH ST.
MIAMI FL 33175**

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

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

TITLE **PD** ☐ DELETE

NAME **FERIA, PAUL, PHD.**
STREET ADDRESS **9261 S.W. 68TH ST.**
CITY-STATE-ZIP **MIAMI FL 33173**

TITLE **SD** ☐ DELETE

NAME **DANGER, IVAN, PHD.**
STREET ADDRESS **12450 S.W. 25TH ST**
CITY-STATE-ZIP **MIAMI FL**

TITLE **V** ☐ DELETE

NAME **VALDES, ORLANDO, PHD.**
STREET ADDRESS **1930 COUNTRY CLUB**
CITY-STATE-ZIP **CORAL GABLES FL 33134**

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