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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V33876

(6)

PSYCHO-TECH CORP.

Principal Place of Business

Mailing Address

FILED Apr 28 1997 8:00am Secretary of State



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OVES, IDA C 3211 PONCE DE LEON BLVD. #210 CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City] No	Florida Statutes X Yes No				30			U.S.			33/
SIGNATURE Topic Control Contr		gent	istered Ag	and Address of New Re	10. Name and	1 Name		red Agent	nt Register	dress of Curre	and A		
#210 CORAL GABLES FL 33134 83 64 City FL 85 Zip CC 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the object of registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as reagreed agent and accept the obligations of, Socion 607.0505, Florida Statules. SIGNATURE Signature, Section printed name (Proprised agent and sec if agricultation of the provision's board of directors. Thereby accept the appointment as reagreed by the corporation's board of directors. Thereby accept the appointment as reagreed by the corporation's board of directors. Thereby accept the appointment as reagreed by the corporation's board of directors. Thereby accept the appointment as reagreed by the corporation's board of directors. Thereby accept the appointment as reagreed by the corporation's board of directors. Thereby accept the appointment as reagreed by the corporation's board of directors. Thereby accept the appointment as reagreed by the corporation's board of directors. Thereby accept the appointment as reagreed by the corporation's board of directors. Thereby accept the appointment as reagreed by the corporation's board of directors. Thereby accept the appointment as reagreed by the corporation's board of directors. Thereby accept the appointment as reagreed by the corporation's board of directors. Thereby accept the appointment as reagreed by the corporation's board of directors. Thereby accept the appointment as reagreed by the corporation's board of directors. Thereby accept the appointment as reagreed by the corporation's board of directors. Thereby accept the appointment as reagreed by the corporation's board of directors. Thereby accept the appointment as reagreed by the corporation's board of directors. Thereby accept the appointment as reagreed by the corporation's board of directors. Thereby accept the appointment as reagreed by the corporation's board of directors. Thereby accept the appoi						Name	Ľ			I DI M	SE 1 EO		
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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 agent. I am furnishar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS DELETE 1.1 Title MAME FELLU, MIRIAM 9431 FONTAINEBLEAU BLVD. \$212 MIAMI FL 33172 DELETE 2.1 MIRIA SIRRET ADDRESS CITY-S1-2IP ITHE DELETE 2.2 MME 3.3 SIRRET ADDRESS CITY-S1-2IP THE DELETE 3.1 TITLE DELETE 3.3 SIRRET ADDRESS CITY-S1-2IP Change Change Change Change THE MAME 4.2 NAME 4.2 NAME SIRRET ADDRESS CITY-S1-2IP THE DELETE 3.1 TITLE Change Change THE AAVE THE DELETE 5.1 TITLE Change Change	,		·			3	8			134	S FL 3		
T1. 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 office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as reagent all market with, and accept the obligations of, Section 607.6505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. DELETE 1.1 TITLE Change FELLU, MIRIAM PA31 FONTAINEBLEAU BLVD. #212 MIAMI FL 33172 INCLETE	ode	85 Zip C	 1			4 City	8						
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14. I do 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: