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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90090 007 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V53302

1. Corporation Name

INTERNATIONAL STUDIES FOR BIOPSYCHOSOCIAL ISSUES
, INC.

Principal Place of Business

1251 97TH STREET
BAY HARBOR ISLAND FL 33154

Mailing Address

1251 97TH STREET
BAY HARBOR ISLAND FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1992

4. FEI Number

65-0368544

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3765 PRAIRIE AVE.
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX. 403874
Suite, Apt. #, etc.

22 City & State

23 MIAMI BEACH FL

Zip Country

24 33140 25 DADE

27 City & State

28 MIAMI BEACH FL

Zip Country

29 33140 30 DADE

9. Name and Address of Current Registered Agent

MULLER, FREDERICA
1251 97TH STREET
BAY HARBOR ISLAND FL 33154

10. Name and Address of New Registered Agent

81 Name

MULLER, FREDERICA

82 Street Address (P.O. Box Number is Not Acceptable)

3765 PRAIRIE AVE.

83

84 City

MIAMI BEACH

FL

85 Zip Code

33140

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

(NOTE: Registered Agent signature required when reinstating)

4-9-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME MULLER, FREDERICA
STREET ADDRESS 1251 97TH STREET
CITY-ST-ZIP BAY HARBOR ISLANDS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PTD ☒ Change ☐ Addition
MULLER, FREDERICA
3765 PRAIRIE AVE.
MIAMI BEACH FL. 33140

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ 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 as an attachment with an address, with all other like empowered.

SIGNATURE: MULLER, FREDERICA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99

Date

(305) 672-6654

Daytime Phone #

CR2E034 (11/98)

0208963