#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

#### SIGNATURE: GILBERT HOEPELMAN

Electronic Signature of Signing Officer/Director Detail

SIGNATURE:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title Р HOEPELMAN, GILBERT P.O. BOX 226285 City-State-Zip: MIAMI FL 33222

# 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P10000090593

#### Entity Name: INTERAMERICAN INSTITUTE OF HYPNOSIS, INC.

# **Current Principal Place of Business:**

8181 NW 154 STREET 110 MIAMI LAKES, FL 33016

#### **Current Mailing Address:**

P.O. BOX 226285 MIAMI, FL 33222 US

# FEI Number: 27-3901009

### Name and Address of Current Registered Agent:

MARTINEZ, PABLO A 8181 NW 154 STREET 110 MIAMI LAKES, FL 33016 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Name Address

FILED Apr 11, 2014 Secretary of State CC4583965047

Certificate of Status Desired: No

Date

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