

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N22452** (9)

1. Corporation Name
STAR OF HOPE INTERNATIONAL, AMERICA, INC.



Principal Place of Business: 7 EAST BIJOU, SUITE 205, P.O. BOX 1090, COLORADO SPRINGS CO 80901-1090
Mailing Address: 7 EAST BIJOU, SUITE 205, P.O. BOX 1090, COLORADO SPRINGS CO 80901-1090

3. Date Incorporated or Qualified: 09/11/1987
3a. Date of Last Report: 04/12/1995

2. Principal Place of Business: 21 28055 Judge Orr Rd, Suite, Apt. #, etc. 22
2a. Mailing Address: 26 28055 Judge Orr Rd, Suite, Apt. #, etc. 27
City & State: 23 Calhan, CO 28
Zip: 24 80808 25 Country: USA 29
Country: 30 USA 30

4. FEI Number: 59-2844916
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: TRICK, WILLIAM WATSON, 660 S FEDERAL HWY, THIRD FLOOR, POMPANO BEACH FL 33062
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	
TITLE	PD BORROR, KENNETH 7 E. BIJOU, STE 205 COLORADO SPGS FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	28055 Judge Orr Rd
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Calhan, CO 80808
TITLE	STD BORROR, BARRY 7 E. BIJOU, STE 205 COLORADO SPGS FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	28055 Judge Orr Rd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Calhan, CO 80808
TITLE	VD ERIKSSON, LENNART 7 E. BIJOU, SUITE 205 COLORADO SPGS. CO	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	28055 Judge Orr Rd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Calhan, CO 80808
TITLE	CD PRESSON, MARK 7 E BIJOU, S TE 205 COLORADO SPGS FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	28055 Judge Orr Rd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Calhan, CO 80808
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barry W Borr* 4/3/96 (719) 683 5585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)