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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90007 034 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000006744

1. Corporation Name
HELP CRISIS HOTLINE, INC.

Principal Place of Business 247 SOUTHWEST 8TH STREET MIAMI FL 33130	Mailing Address 247 SOUTHWEST 8TH STREET MIAMI FL 33130
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2. Principal Place of Business 21 <u>247 SOUTHWEST 8TH STREET</u> Suite, Apt. #, etc. <u>130</u> City & State <u>MIAMI FL</u> Zip <u>33130</u> Country <u>DADE</u>	2a. Mailing Address 26 <u>247 SOUTHWEST 8TH STREET</u> Suite, Apt. #, etc. <u>130</u> City & State <u>MIAMI FL</u> Zip <u>33130</u> Country <u>DADE</u>	3. Date Incorporated or Qualified <u>11/30/1998</u>	4. FEI Number <u>65-0877736</u> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name SOME AGENT
 82 Street Address (P.O. Box: Number is Not Acceptable) _____
 83 _____
 84 City _____ **FL** 85 Zip Code _____

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] FREDDIE VALENTIN / Natchin Mirani 04-15-99
 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	<input type="checkbox"/> DELETE
NAME	VALENTIN, FREDDY	
STREET ADDRESS	247 SOUTHWEST 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	VALENTIN, MARIA	
STREET ADDRESS	247 SOUTHWEST 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	HERRERA, CARLOTA A	
STREET ADDRESS	247 SOUTHWEST 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RAFAEL ARRIETA	
1.3 STREET ADDRESS	247 SW 8 STREET #130	
1.4 CITY-ST-ZIP	MIAMI FL 33130	
2.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LORENA TORRENTES	
2.3 STREET ADDRESS	247 SOUTHWEST 8TH ST #130	
2.4 CITY-ST-ZIP	MIAMI, FL 33130	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] FREDDIE VALENTIN 04-15-99 305-429-9122
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)