FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 3:02

DOCUMENT # 709951 (8)

1. Corporation Name
HOPE CENTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
666 SOUTHWEST FOURTH STREET MIAMI FL 33130-2315	666 SOUTHWEST FOURTH STREET MIAMI FL 33130-2315

3. Date Incorporated or Qualified: 11/19/1965
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-0737623 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DELVECCHIO, LILLIAN ~~14747 SW 101 TERR~~ ~~MIAMI FL 33196~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 9813 S W 133 PL 83 MIAMI FL 33186 84 City: FL — 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	☐ Change ☐ Addition
NAME	REINFELD, SID	1.2 NAME	
STREET ADDRESS	5200 WASHINGTON ST#1-306	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	GORDON, CHARLES DR	2.2 NAME	
STREET ADDRESS	9300 BAY HARBOR TERR., #4D	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	DEL VECCHIO, LILLIAN	3.2 NAME	
STREET ADDRESS	~~14747 SW 101 TERR~~	3.3 STREET ADDRESS	9813 S W 133 PL
CITY-ST-ZIP	~~MIAMI FL~~	3.4 CITY-ST-ZIP	MIAMI FL 33186
TITLE	VT	4.1 TITLE	☐ Change ☐ Addition
NAME	SHELDON, RHODA	4.2 NAME	
STREET ADDRESS	9317 BAY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	☐ Change ☐ Addition
NAME	KERN, RHODA	5.2 NAME	
STREET ADDRESS	4000 TOWERSIDE TERR #712	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	VT	6.1 TITLE	☐ Change ☐ Addition
NAME	RHODES, GRACE	6.2 NAME	
STREET ADDRESS	610 FOX RUN S.W	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	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)(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.

SIGNATURE: Lillian Del Vecchio 1/19/95 305 545-7672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041200