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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 709951 (8)

1. Corporation Name

HOPE CENTER, INC.

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: 01/31/1996

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

4. FEI Number: 59-0737623 ☐ 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

DELVECCHIO, LILLIAN
9813 SW 133RD PL.
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name: AILEEN PHELAN
82 Street Address (P.O. Box Number is Not Acceptable): 4448 NAUTILUS DRIVE
83
84 City: MIAMI BEACH **FL** 85 Zip Code: 33140

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: Aileen Phelan Aileen Phelan 4/2/97
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	PT	☐ DELETE	1.1 TITLE	C/T	☐ Change ☒ Addition
NAME	REINFELD, SID		1.2 NAME	BLANK, TONY	
STREET ADDRESS	5200 WASHINGTON ST#1-306		1.3 STREET ADDRESS	9350 S DIXIE HIGHWAY 900	
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	MIAMI, FL 33156-2954	
TITLE	T	☐ DELETE	2.1 TITLE	T	☐ Change ☒ Addition
NAME	GORDON, CHARLES DR		2.2 NAME	ADER, MARSHALL	
STREET ADDRESS	9300 BAY HARBOR TERR., #4D		2.3 STREET ADDRESS	1717 N BAYSHORE DR 2656	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL		2.4 CITY-ST-ZIP	MIAMI FL 33129	
TITLE	S	☐ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	DEL VECCHIO, LILLIAN		3.2 NAME	AISSEN, DAVID	
STREET ADDRESS	9813 W 133RD PL.		3.3 STREET ADDRESS	12015SW 94 TERRACE	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VT	☐ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	SHELDON, RHODA		4.2 NAME	HELLINGER, ANDREW	
STREET ADDRESS	9317 BAY DRIVE		4.3 STREET ADDRESS	11500 SW 70 AVE	
CITY-ST-ZIP	SURFSIDE FL		4.4 CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VT	☐ DELETE	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	☐ DELETE	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		

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14. I do 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.

4/2/97