FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

709951

(8)

HOPE CENTER, INC.

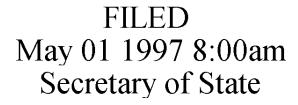
Principal.	Place	ρf	Busine	SS

Mailing Address

666 SOUTHWEST FOURTH STREET MIAMI FL 33130-2315

666 SOUTHWEST FOURTH STREET

MIAMI FL 33130-2315



							3. Date Incorporated or Qualified 3a. Date of Last Report 01/31/1996							
2. Principal Place of Business 2a. Mailing Address				4.			4. FEt Number	·	Ap	olied For				
21 26				- ·			59-0737623			Applicable				
Sulte, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired	П	\$8.75 A	dditional				
22 27							5. Certificate of Status Desired	<u></u>	Fee Re	quired				
City & State City & State									6. Election Campaign Financing	_	\$5.00			
23 28								Trust Fund Contribution		Added to				
Zip		Country	Ь	Zip Country					8. This corporation has liability for intangible tax under s. 199.032,					
24	A Name	25	29	30					Florida Statutes Yes No 10, Name and Address of New Registered Agent					
at along									Aour					
						AILEEN PHELAN								
DELVECCHIO, LILLIAN 9813 SW 133RD PL.						82 Street Address (P.O. Box Number is Not Acceptable) 4448 NAUT LUS DRIVE								
		- •				83								
MIAMI FL 33186					Ш									
, ¥						84	City	MI	AMI BEACH	FL	85 3Zip 9	ode 10		
11. Pursuant 1	o the provis	ions of Sections 617,0502	and 6	17.1508, Florida Statut	es, the a	bove	e-named				changing its	registered		
office or re	egistered aç	gent, or both, in the State of	of Florid	da. Such change was a f. Section 617 0503. Etc	authorize orida Sta	ed by	y the corp	oratio	ration submits this statement for the punits board of directors. I hereby accep	the appo	ointment as	registered		
	, , , , , , , , , ,	Os Plied III	(10.13 0	AileenPh	ela	ı.⁄\	J.			4/2	197	1		
SIGNATURE J		or printed name of registered agen	l and litie				ent signature	requirec	d when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·			
12.		OFFICERS AND	DIREC	CTORS	13.				ADDITIONS/CHANGES TO OFFIC	ERS AND		(
TITLE	PT			DELETE	1.11	ITLE		C/	T		Change	Addition 3		
NAME	REINFELD, SID 1.2 N				AME	i		ANK, TONY			1			
STREET ADDRESS	TREET ADDRESS 5200 WASHINGTON ST#1-306				STREET	ADDRESS	93	50 S DIXIE HIGHWAY 9	00					
CITY-ST-ZIP	HOLLYV	VOOD FL			1.4 (XTY-S	ST - ZIP	MI.	AMI. FL 33156-2954			(
TITLE	T			DELETE	211	ITLE		Т	,		☐ Change	Addition		
NAME	GORDON, CHARLES DR				IAMÉ	ADER, MARSHALL								
STREET ADDRESS					3 STREET ADDRESS 1717 N BAYSHORE DR 2656									
CITY-\$T-ZIP	BAY HA	RBOR ISLANDS FL					ST-ZIP		AMI FL 33129			777		
TITLE	8			DELETE	31	HTLE		i T			Change	X Addition		
NAME		ochio, lillian				MAME	,		ISSEN, DAVID					
STREET ADDRESS		133RD PL.			3.3	STREET	ADDRESS		2015SW 94 TERRACE					
CITY-ST-ZIP	MIAMI F	L					ST-ZIP	MI	IAMI FL 33186			1001		
TITLE	VT			DELETE	. E	TITLE		T			Change	X Addition		
NAME		ON, RHODA				NAME			BLLINGER, ANDREW					
STREET ADDRESS		AY DRIVE			4.3	STREET	ADDRESS	ı	1500 SW 70 AVE					
CITY-ST-ZIP	<u>SURFSI</u>	DE FL					ST-ZIP	MI	IAM1 FL 33156	_ <u></u> -	<u>гэ х.</u>	1.000		
TITLE	VT			DELETE	5.1	IITLE					Change	Addition		
NAME	Kern, I				•	NAME					(-)	<u> </u>		
STREET ADDRESS		WERSIDE TERR #712			5.3	STREET	T ADDRESS				Q,	~//		
CITY-ST-ZIP	<u>Miami</u> F	<u>L</u>			_		ST- 2 (P				-	7		
TITLE	VT			✓ DELETE		TITLE			80000216 -05/05/970102		Change	☐ Addition		
NAME		s, grace			6.2	NAME			-05/05/970102	4[17	72			
STREET ADDRESS		X RUN S.W			6.3	STREET	ADDRESS		***61.25					
CITY-ST-ZIP	VERO B	EACH FL			64	CHIY-S	S1 - ZIP		7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					

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 supplied ental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the feceiver 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.

11/2/0-