

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 757127 (6)

1. Corporation Name

HOLDING HANDS, INC.



Principal Place of Business

Mailing Address

175 NW 128TH STREET
P. O. BOX 530604
MIAMI SHORES FL 33153
US

175 NW 128TH STREET
P. O. BOX 530604
MIAMI SHORES FL 33153
US

3. Date Incorporated or Qualified
04/09/1981

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2120609

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

10. Name and Address of New Registered Agent

**WILLIAMS, FANNY
11626 NE 7 AVENUE
BISCAYNE PARK FL 33181**

81 Name

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

Patricia Abdalla (President/Director)

8-5-96

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** ☒ DELETE
NAME **WILLIAMS, FANNY**
STREET ADDRESS **11626 NE 7 AVENUE**
CITY-ST-ZIP **BISCAYNE PARK FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Abdalla, Patricia**
1.3 STREET ADDRESS **715 N.E. 179 Terrace**
1.4 CITY-ST-ZIP **Miami, FL 33162**

TITLE **D** ☒ DELETE
NAME **LIVINGSTON, ANDREA**
STREET ADDRESS **676 NE 115 STREET**
CITY-ST-ZIP **BISCAYNE PARK FL**

2.1 TITLE **D** ☒ Change ☒ Addition
2.2 NAME **Aimee Kay**
2.3 STREET ADDRESS **21321 NE 28 Avenue**
2.4 CITY-ST-ZIP **Miami, FL 33180**

TITLE **D** ☒ DELETE
NAME **GONZALEZ, JACKIE**
STREET ADDRESS **925 117 STREET**
CITY-ST-ZIP **BISCAYNE PARK FL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Patricia Lenhardt**
3.3 STREET ADDRESS **1960 NE 174 Street**
3.4 CITY-ST-ZIP **Miami Beach, FL 33162**

TITLE **D** ☒ DELETE
NAME **HYNES, KIMBERLY**
STREET ADDRESS **302 NE 100 STREET**
CITY-ST-ZIP **MIAMI SHORES FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ABDALLA, PATRICIA**
STREET ADDRESS **715 N.E. 179 TERRACE**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Patricia Abdalla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-96 305-687-1988

Date

Daytime Phone #

CR2E037 (3/96)