FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K97414

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ESPERANZA GROUP HOME, INC.

ESPERANZA GROUP HOME	, INC.				
Principal Place of Business Mailing Address			ON SAUN OLDIK ENEN OLDIN 1901		
% MARLENE SINOUS 14910 N.E. 8TH AVE. NORTH MIAMI FL 33161-2309	% MARLENE SINOUS 14910 N.E. 8TH AVE. NORTH MIAMI FL 33161-2309	DO NOT WRITE IN THIS SPACE			
		3. Date Incorporated or Qualified 06/23/1989			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	65-0124871	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be		

9. Name and Address of Current Registered Agent SINOUS, MARLENE 14910 N.E. 8TH AVENUE NORTH MIAMI FL FL 33161

Country

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24

		Trust Fund Contribution Added to Fees
ou	ntry	8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No
		10. Name and Address of New Registered Agent
	81	Name
82 Stre	Street Address (P.O. Box Number is Not Acceptable)	
ł	83	
ł	84	City 85 Zip Code

FILED

May 06 1998 8:00am

Secretary of State

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

SIGNATURE	Signature, typed or printed name of registered agnial at		E Registered Agent signature requi		DATE	
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTOR	
TITLE	PD	☐ DELE TE	1.1 TITLE		Change	Additio
NAME	S INOUS, MARLENE		1.2 NAME			
STREET ADDRESS	14910 N.E. 8TH AVE.		1.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI FL		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE		☐ Change	Addition
NAME	S INOUS, CEPTIE		2.2 NAME			
STREET ADORESS	14910 N.E. 8TH AVE.		2.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI FL		2. 4 CITY - ST - ZIP			
TITLE	D	☐ DELETE	3.1 TITLE		Change	Additio
NAME	SI NOUS, CASSIA		3.2 NAME			
STREET ADDRESS	14910 N.E. 8TH AVE.		3 3 STREET ADDRESS			
CITY+ST-ZIP	N MIAMI FL		3 4. CITY - ST - ZIP			
ŦITLE	D	DELETE	4.1 TOTLE		Change	Additio
NAME	S INOUS, LOEB		4. 2 NAME			
STREET ADDRESS	14910 N.E. 8TH AVE.		4.3 STREET ADDRESS			
CITY-ST-ZIP	<u>N.</u> MIAMI FL		4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY.ST. 7IP			SACITY ST. 7IP			

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.