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NONPROFIT ✓ CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N29076

(9)

HOUSING OPPORTUNITIES PROJECT FOR EXCELLENCE, IN C. (HOPE, INC.)

Principal Place of Bus	siness	Mailing Address						
3000 BISCAYNE BL' SUITE 102 MIAMI FL 33137 US	V D	3000 BISCAYNE BLVD SUITE 102 MIAMI FL 33137 US						
Principal Place of Business		2a. Mailing Address 26						
Suite, Apt. #, etc.		Suite, Apt. #,	etc.					
Orty & State		City & State						
Zip	Country 25	Ζφ 29	Country 30					

APPROVED AND FILED

96 JAN 22 PM 1:51

SECRETARY OF STATE TALLAHASSEE. FLORIDA



MIAMI FL 33137			MIAMI FL 33137			ſ	3. Date Incorporated or Qualified	3a. Date	of Last F	Report	
US			US					11/02/1988	02	/09/18	95
2. Principal Pla	ice of Busines	\$	2a. Mailing A	ddress			-	4. FEI Number		A	pplied For
21			26					65-0108794		N	lot Applicable
Suite, Apt. #	t, etc.		Suite, Ar	it. #, etc.	,			5. Certificate of Status Desired			Additional
			27	27				Continuate of Status Desired	u	Fee R	lequired
Orty & State City & State			ate				6. Election Campaign Financing			May Be	
23 28							Trust Fund Contribution			to Fees	
Zip		Country	Zφ	L	Country	•		8. This corporation has liability for			199.032,
24 25 29 30					90			1 TOTAL CICIONA	Yes 🗷 No		
	9. Name a	nd Address of Currer	nt Registered Age	ent	81	1		10. Name and Address of New F	registered Ağ	erit	
					81		TH	OMPSON, WILLIAM JR			
THOMPSON, WILLIAM, JR				82	82 Street Address (P.O. Box Number is Not Acceptable)						
	AGLER ST.,					 	30	OO BISCAYNE BLVD.			
MIAMI 3	3130				83		SU	ITE 102			
Į					84	City	-				Code
						<u> </u>		AMI	<u> FL</u>		137
17. Pursuant to	o the provision	ns of Sections 617.0502	2 and 617.1508, F	lorida Statutes,	the above-	named co voration's l	rporation	on submits this statement for the purifications. Thereby accept the app	rpose of chang jointment as re	ing its re distered	egistered office agent, I am
familiar wit	th, and affect	the bligations of, Sect	tion 6 7.0503, Flo	rida Statutes.	-, -, -, -, -, -, -, -, -, -, -, -, -, -			of directors. I hereby accept the app			-
SIGNATURE	will	fleon ~	-	Willian	ı Thom	pson,	Jr.	Jan	uary 16	199	16
	Signature, typed or	printed name of registered agen-		(NOTE:	Registered Age	nt signature re	tw benupe	von reinstating) ADDITIONS/CHANGES TO OFI			
12.		OFFICERS AN	ID DIRECTORS	Thei ete	13.		D.D.	ADDITIONS/GRANGES TO OH		Change	Addition
THILF	PD		L]DELETE	1.1 TITLE		PD	ODETH LEGITE H	K	กาตเห็ก	L.J Addition
NAME	DUE, PA				1.2 NAME			GBEIN, LESLIE W.	ADD 0113	TE 5	0.0
STREET ADDRESS		el aire dr.				T ADDRESS		O1 BISCAYNE BOULEV	AKU, 501	IL 5	UD
CITY-ST-ZIP	MIAM! FI		···	300,000	1.4 C(TY-	ST-ZIP	AVE	NTURA, FL 33181	6 7	Change	Addition
TITLE	VPD		L.]DELETE	21 TITLE	ļ	Y P.P.	NA, EDWARD H.	IX .I	ouguye	LI ROUTION
NAME		in, leslië			22 NAME		HAN	NA, EUWAKU A. Oo Homeetead avenu	_		
STREET ADDRESS		H BISCAYNE BLVD.				T ADDRESS		23 HOMESTEAD AVENU	E.		
CITY-ST-ZIP	MIAMI F			DOCUETE.	2. 4 CITY	ST - ZIP		MI, FL 33157	1071	Change	Addition
TITLE	TD		L]DELETE	3.1 TITLE		TD		RZ1	Oliginals	C vonnou
NAME		OFT, NORMA			3 2 NAME			SAR PHILLIPS			
STREET ADDRESS	12821 S	.W. 115 TERRACE				T ADDRESS		N.E. 215TH STREET			
CITY-SI-ZIP	MIAMI F			lor, exc	3 4. CITY	ST-ZIP		MI, FL 33179	67	Change	Addition
TITLE	SD		L]DELETE	4 1 THLE		SD		K	Ousuige	☐ WOOHIN
NAME	BAEZA,				4 2 NAMI			ANNE SALICHS			
STREET ADDRESS	1 SE 3R	d avenue			4.3 STREE	T ADDRESS		20 SHERRI LANE			
CITY - ST - ZIP	MIAMI F	<u> </u>			4.4 CITY-	ST-ZIP	MIA	MI, FL 33183		Channe	Addition
TITLE	D			DELETE	5.1 TITLE					Change	Addition
NAME		son, William Jr			5.2 NAME			SOC		ÇQ 1	1715
STREET ADDRESS		Flagler St., Suite	E 803		5.3 STREE	T ADDRESS			079601		
CITY-ST-ZIP	MIAMI F	<u> </u>		1	5.4 CITY-		ļ	****	£62.25_	****	*62.25
TITLE			L	DELETE	61 TITLE				L	Change	Addition
NAME					62 NAME						۸ ١
STREET ADDRESS					63 STRE	T ADDRESS					_1)_1
CITY-ST-ZIP			**		6.4 CITY	ST-ZIP	<u>L</u>		0.0-10-1-1		
14. I do herek	by certify that	the information supplied	I with this filing is v	oluntarily furnisl	ned and do	es not qua	ality for	the exemption stated in Section 11	9.U7(3)(k), Florid	ia Statut	estujuither

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 eath, 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, Fiorida Statutes, and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an address.

William Thompson, Jr.

January 16, 1996

305/571-8522

CR2E037 (12/95)