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FILED
Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29076** (9)

1. Corporation Name
**HOUSING OPPORTUNITIES PROJECT FOR EXCELLENCE, INC.
(HOPE, INC.)**

Principal Place of Business 3000 BISCAYNE BLVD SUITE 102 MIAMI FL 33137 US	Mailing Address 3000 BISCAYNE BLVD SUITE 102 MIAMI FL 33137 US
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3. Date Incorporated or Qualified 11/02/1988	
4. FEI Number 65-0108794	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**THOMPSON, WILLIAM, JR
3000 BISCAYNE BLVD.
STE. 102
MIAMI FL 33137**

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 *William Thompson* **WILLIAM THOMPSON, JR./EXEC. DIRECTOR 1-8-98**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PD LANGBEIN, LELIE W
STREET ADDRESS	20801 BISCAYNE BLVD., STE. 508
CITY-ST-ZIP	AVENTURA FL 33181
TITLE	<input type="checkbox"/> DELETE
NAME	VPD HANNA, EDWARD H
STREET ADDRESS	17623 HOMESTEAD AVE.
CITY-ST-ZIP	MIAMI FL 33157
TITLE	<input type="checkbox"/> DELETE
NAME	TD PHILLIPS, CAESAR
STREET ADDRESS	70 N.E. 215TH STREET
CITY-ST-ZIP	MIAMI FL 33179
TITLE	<input type="checkbox"/> DELETE
NAME	SD SALICHS, SUZANNE
STREET ADDRESS	11820 SHERRI LANE
CITY-ST-ZIP	MIAMI FL 33183
TITLE	<input type="checkbox"/> DELETE
NAME	D THOMPSON, WILLIAM JR
STREET ADDRESS	191 W. FLAGLER ST., SUITE 803
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P FINKELSTEIN, AUDREY
1.3 STREET ADDRESS	815 CATALONIA AVENUE
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE: *William Thompson* **WILLIAM THOMPSON, JR. JANUARY 8, 1998**

CP2E037 (10/97)