


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N29076					
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		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 11/02/1988	
				4. FEI Number 65-0108794	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent THOMPSON, WILLIAM, JR 3000 BISCAYNE BLVD. STE. 102 MIAMI FL 33137				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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, Jr. DATE **02/18/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FINKLESTEIN, AUDRY		12 NAME	FINKELTEIN, AUDREY			
STREET ADDRESS	815 CATALONIA AVENUE		13 STREET ADDRESS	815 CATALONIA AVENUE			
CITY-ST-ZIP	CORAL GABLES FL 33134		14 CITY-ST-ZIP	CORAL GABLES FL 33134			
TITLE	VPD	<input type="checkbox"/> DELETE	21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HANNA, EDWARD H		22 NAME				
STREET ADDRESS	17623 HOMESTEAD AVE.		23 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33157		24 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PHILLIPS, CAESAR		32 NAME				
STREET ADDRESS	70 N.E. 215TH STREET		33 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33179		34 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	41 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SALICHS, SUZANNE		42 NAME	SALICHS, SUZANNE			
STREET ADDRESS	11820 SHERRI LANE		43 STREET ADDRESS	1380 N.E. MIAMI GARDENS DR., #220			
CITY-ST-ZIP	MIAMI FL 33183		44 CITY-ST-ZIP	MIAMI FL 33183			
TITLE	D	<input type="checkbox"/> DELETE	51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMPSON, WILLIAM JR		52 NAME	THOMPSON, WILLIAM JR			
STREET ADDRESS	191 W. FLAGLER ST., SUITE 803		53 STREET ADDRESS	3000 BISCAYNE BLVD., SUITE 102			
CITY-ST-ZIP	MIAMI FL		54 CITY-ST-ZIP	MIAMI FL 33137			
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			64 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, with all other like empowered.

SIGNATURE: William Thompson, Jr. WILLIAM THOMPSON, Jr. 02/18/99 (305) 571-8522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0030323

CR2E037 (11/98)