


FILE NOW: FILING FEE IS \$61.25

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

1. Corporation Name

HOUSING OPPORTUNITIES PROJECT FOR EXCELLENCE, INC.
(H.O.P.E., INC.)

Principal Place of Business

3000 BISCAYNE BLVD.
SUITE 102
MIAMI, FLORIDA 33137

Mailing Address

3000 BISCAYNE BLVD.
SUITE 102
MIAMI, FLORIDA 33137

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 18441 N.W. 2nd AVENUE	26 18441 N.W. 2nd AVENUE	11/2/1988
Suite, Apt. #, etc. 22 SUITE 218	Suite, Apt. #, etc. 27 SUITE 218	4. FEI Number 65-0108794
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33169	Country 25 U.S.	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.
SUITE 102
MIAMI, FL 33137

10. Name and Address of New Registered Agent

81 Name
THOMPSON, WILLIAM, JR.
82 Street Address (P.O. Box Number is Not Acceptable)
18441 N.W. 2nd AVENUE
83 SUITE 218
84 City
MIAMI FL 85 Zip Code
33137

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.

WILLIAM THOMPSON, JR.

JUNE 3, 1999

(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	P <input type="checkbox"/> DELETE	1.1 TITLE	CHAIRPERSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINKELSTEIN, AUDREY	12 NAME	JONES, DONALD
STREET ADDRESS	815 CATALONIA AVENUE	13 STREET ADDRESS	8240 S.W. 184th LANE
CITY-ST-ZIP	CORAL GABLES, FL 33157	14 CITY-ST-ZIP	MIAMI, FL 33157
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VICE-CHAIRPERSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNA, EDWARD H	22 NAME	GARMAN, MELANIE
STREET ADDRESS	17623 HOMESTEAD AVE.	23 STREET ADDRESS	c/o COMMERCE BANK, 220 ALHAMBRA CIRCLE
CITY-ST-ZIP	MIAMI, FL 33157	2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, CAESAR	32 NAME	KARL D. KENNEDY
STREET ADDRESS	70 N.E. 215th STREET	33 STREET ADDRESS	c/o MBDC, 1205 DREXEL AVE., 2nd FLOOR
CITY-ST-ZIP	MIAMI, FL 33179	34 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALICHS, SUZANNE	4.2 NAME	LEON, VASHTYE
STREET ADDRESS	1380 N.E. MIAMI GARDENS DR., #220	43 STREET ADDRESS	c/o CMB HSG AUTH., 220 ALTON ROAD
CITY-ST-ZIP	MIAMI, FL 33183	44 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	PRESIDENT & CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, WILLIAM, JR.	52 NAME	THOMPSON, WILLIAM, JR.
STREET ADDRESS	3000 BISCAYNE BLVD., SUITE 102	53 STREET ADDRESS	18441 N.W. 2nd AVENUE, SUITE 218
CITY-ST-ZIP	MIAMI, FL 33137	54 CITY-ST-ZIP	MIAMI, FL 33169
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

William Thompson, Jr.

WILLIAM THOMPSON, JR.

JUNE 3, 1999

(305) 651-4673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)