

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1996 08:00 AM
Secretary of State

DOCUMENT # N38657 (5)
1. Corporation Name
HOSPITAL FOR THE NEEDY AND HOMELESS PERSONS, INC

Principal Place of Business

Mailing Address

**11629 NW 7TH AVENUE
MIAMI FL 33168**

**P.O. BOX 421590
MIAMI FL 33242**



2. Principal Place of Business 21 11629 N.W. 7th AVENUE Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. BOX 421590 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/15/1990		3a. Date of Last Report 07/27/1995	
22 City & State MIAMI, FLORIDA		27 City & State MIAMI, FLORIDA		4. FEI Number 65-0203195		Applied For <input checked="" type="checkbox"/> Not Applicable	
23 Zip 33168		28 Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip 33168		25 Country U.S.A.		29 Zip 33242		30 Country	

9. Name and Address of Current Registered Agent

**ANOZARD, YOLETTE
1305 N.W. 203RD ST
MIAMI FL 33169**

10. Name and Address of New Registered Agent

81 Name SAME AS NO. 9
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

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 PD	NAME JEAN, MICHEL	1.1 TITLE	1.2 NAME
STREET ADDRESS 28 N.E. 49 ST.	CITY - ST - ZIP MIAMI FL 33127	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
TITLE VPD	NAME ANTOLNE, JEANNETTE	2.1 TITLE	2.2 NAME
STREET ADDRESS 1305 N.W. 203 ST.	CITY - ST - ZIP MIAMI FL	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE SD	NAME EMMANUEL, YANICK B	3.1 TITLE	3.2 NAME
STREET ADDRESS 560 N.W. 121 ST.	CITY - ST - ZIP MIAMI FL 33256	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
TITLE T	NAME NARRAIN, DAVID	4.1 TITLE	4.2 NAME
STREET ADDRESS 8701 S.W. 121 ST.	CITY - ST - ZIP MIAMI FL 33256	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY - ST - ZIP	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY - ST - ZIP	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Michel Jean MICHEL JEAN, PRESIDENT

06/24/1996 305-685-9662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)