


FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38657** (5)
1. Corporation Name
HOSPITAL FOR THE NEEDY AND HOMELESS PERSONS, INC



Principal Place of Business 11629 N W 7TH AVE MIAMI FL 33168 US	Mailing Address P O BOX 421590 MIAMI FL 33242-1590 US
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2. Principal Place of Business 21 11629 NW 7th Ave Suite, Apt. #, etc. 22		2a. Mailing Address 26 421590 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 06/15/1990		3a. Date of Last Report 07/08/1996	
23 MIAMI, FLA City & State 24 33168 Zip 25 U.S.A. Country		28 MIAMI, FL City & State 29 33242 Zip 30 U.S.A. Country		4. FEI Number 65-0203195		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		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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 B1 Name SAME AS # 9 B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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 Jeannette Antolne V-Pres. Dir. DATE 4/23/97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JEAN, MICHEL			1.2 NAME			
STREET ADDRESS	28 N.E. 49 ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33127			1.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANTOLNE, JEANNETTE			2.2 NAME			
STREET ADDRESS	1305 N.W. 203 ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EMMANUEL, YANICK B			3.2 NAME			
STREET ADDRESS	560 N.W. 121 ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33256			3.4 CITY-ST-ZIP			
TITLE	TREASURER	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NARRAIN, DAVID			4.2 NAME			
STREET ADDRESS	8701 S.W. 121 ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33256			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
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 do 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: Jeannette Antolne V-Pres. Dir. DATE: 4/23/97 305-16859162

CR2E037 (9/96)