


FILE NOW: FILING FEE IS \$61.25

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90225 026 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N38657</b>					
1. Corporation Name <b>HOSPITAL FOR THE NEEDY AND HOMELESS PERSONS, INC</b>					
Principal Place of Business 11629 N 7TH AVE MIAMI FL 33168 US			Mailing Address P O BOX 421590 MIAMI FL 33242 US		



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

9. Name and Address of Current Registered Agent <b>ANOZARD, YOLETTE</b> <b>1305 N.W. 203RD ST</b> <b>MIAMI FL 33169</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 *Yvette Anozard SD* **YOLETTE ANOZARD SD** DATE **5/7/99**

(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	ANOZARD, YOLETTE A.			3.2 NAME			
STREET ADDRESS	1305 NW 203RD ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33169			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CHAPIESKY, LISNA A.			4.2 NAME			
STREET ADDRESS	1305 NW 203RD ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33168			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 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: *Yvette Anozard SD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/99 305-685-9662  
Date Daytime Phone #

CR2E037 (1/98)