

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (if DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
Oct 08 1998 8:00am
Secretary of State

000469

DOCUMENT # **N41989** (7)

1. Corporation Name:
HOGAR DE TODOS - MUNDO DE HERMANOS INC.

Principal Place of Business: **8255 NW 7 ST MIAMI FL 33126**
 Mailing Address: **8255 NW 7 ST MIAMI FL 33126 US**

2. Principal Place of Business: 2a. Mailing Address
 21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
 22. City & State 27. City & State
 23. Zip Country 28. Zip Country
 24. 25. 29. 30.

9. Name and Address of Current Registered Agent
FIGUEROA, JOSE ROLANDO
8255 NW 7 ST
MIAMI FL 33126

81. Name
 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		OFFICERS AND DIRECTORS		ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Signature, typed or printed name of registered agent and fee if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. TITLE	DP	13. 1.1 TITLE	[] DELETE	[] Change	[] Addition
NAME	FIGUEROA, JOSE ROLANDO	12 NAME			
STREET ADDRESS	8255 NW 7 ST	13 STREET ADDRESS			
CITY-STATE-ZIP	MIAMI FL	14 CITY-STATE-ZIP			
TITLE	SD	2.1 TITLE	[] DELETE	[] Change	[] Addition
NAME	SCARPETTA, GLADYS	2.2 NAME			
STREET ADDRESS	8255 NW 7 ST	2.3 STREET ADDRESS			
CITY-STATE-ZIP	MIAMI FL	2.4 CITY-STATE-ZIP			
TITLE	DVP	3.1 TITLE	[] DELETE	[] Change	[] Addition
NAME	FIGUEROA, ANTONIO	3.2 NAME			
STREET ADDRESS	2795 SW 6 ST	3.3 STREET ADDRESS			
CITY-STATE-ZIP	MIAMI FL	3.4 CITY-STATE-ZIP			
TITLE		4.1 TITLE	[] DELETE	[] Change	[] Addition
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP			
TITLE		5.1 TITLE	[] DELETE	[] Change	[] Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP			
TITLE		6.1 TITLE	[] DELETE	[] Change	[] Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-STATE-ZIP		6.4 CITY-STATE-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.

SIGNATURE: *Jose R. Figueroa*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/98
 Date Daytime Phone #

CR2E037 (5/98)