

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004876 (9)**

1. Corporation Name

**HANDS ON MIAMI, INC.**



Principal Place of Business <b>1 S.E. THIRD AVE. #2000 MIAMI FL 33131 US</b>	Mailing Address <b>1 S.E. THIRD AVE. STE. 2000 MIAMI FL 33131 US</b>
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3. Date Incorporated or Qualified

**10/29/1993**

4. FEI Number

**65-0449338**

Applied For

Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARKEN, SCOT  
HANDS ON MIAMI  
1 S.E. THIRD AVE., #2000  
MIAMI FL 33131**

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARKEN, SCOT</b>	1.2 NAME	
STREET ADDRESS	<b>1813 GALLEON ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. BAY VILLAGE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DVP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPBELL, STACEY</b>	2.2 NAME	
STREET ADDRESS	<b>433 BLUE RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DS</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, WENDY</b>	3.2 NAME	
STREET ADDRESS	<b>6215 SW 78TH ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>S. MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PT</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALLIOS, CARL</b>	4.2 NAME	
STREET ADDRESS	<b>100 S.E. 2ND ST., #2500</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRUB, DIANA</b>	5.2 NAME	
STREET ADDRESS	<b>C/O P HANAS ON MIAMI, 1S.E. 3RD AVE., #2000</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DP</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, PAT</b>	6.2 NAME	
STREET ADDRESS	<b>C/O HANAS ON MIAMI, 1ST 3RD AVE., #2000</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	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.

SIGNATURE:

*[Signature]*

CR2E037 (10/97)