3 21 97 *B-345* C FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

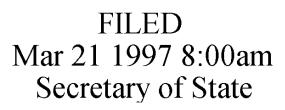
DOCUMENT #

N94000004404 (9)

H.E.L.P. (HIV EDUCATION AND LAW PROJECT), INC.

Principal Place of Business

Mailing Address





, , , , , , , , , , , , , , , , , , , ,		,g			1	* *			
19030 N.W. 65T		19030 N.W. 65TH CT							
MIAMI FL 33015 US)	MIAMI FL 33015-4706 US							
						3. Date Incorporated or Qualified 3a. D		Date of Last Report 06/14/1996	
-	lace of Business WEST FLAGUER ST.	2a. Mailing Address	FIAG	GR S	ST. 4	I. FEI Number 65-0528634		<u> </u>	Applied For
21 44 V Suite, Apt i		Suite, Apt. #, etc.				00 0020004			Not Applicable Additional
22 Su I	TE 413	27 SUITE 4	13			5. Certificate of Status Desired		V	Pequired
City & State	9	City & State				6. Election Campaign Financing		\$5.0	May Be
23 MIAI	MI, FLORIDA	28 MIAMI,	FLOR			Trust Fund Contribution			d to Fees
^{Ζιρ} 24] 331	30 Country SA	^{7ip} 33130	Countr	SA	1	3. This corporation has liability f			r s. 199.032,
24 331	9. Name and Address of Current	1 1 1	30		10	Florida Statutes D. Name and Address of New	Yes Registered		
	3. 114114 2114 11414	nogrational regions	81	Name					
Beaz, R	M AT		_		ANA	- CRISTINA N (P.O. Box Number is Not Accep	AVAR	RO, E	SQ.
-	COLN ROAD		82	Street A	Address	.Flagler Stre	table)	ite (413
SUITE 1			83	1			·		
MIAMI BI	EACH FL 33139		84	City				0E 7	in Code
			**		liam	ı i	FL	L 85 21	3130
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the above	e-named	corporat	ion submits this statement for th	e purpose c	of changing	nite registered
office or re agent. Far	egistered agent, or both, in the State of m familiar with	Triorida Such charige was a ions of, Section 617,0503, Flo	iumonzea b irida Statute	y the corp is:	poration s	board of directors, I hereby acc	sept the app	pointment a	as registereo
SIGNATURE	Lavano	ANA-CRIST	INA 1	VAVA	RRO		3/17	7/97	
	Signalize typed or pulsard name of registered agont		Registered Ap	ent signature	required wh		D/112		
12.	OFFICERS AND	DELETE	13.		DV	ADDITIONS/CHANGES TO OF	FICERS AN	Etiano	
NAME	NAVARRO, ANNA-CRISTINA	ET Dertit	1.2 NAME		DV.	A-CRISTINA N	A		c Mudition
	19030 N.W. 65TH CT				1 4 N	M CIDI SHI SEASON TO	40MIN	30	
STREET ADDRESS CITY-ST-ZIP	MIAMI FL			T ADDRESS	1				
THILE	DV	DELETE	1.4 CITY - 2.1 TITLE	51-ZIF	T 7) 2"		ehang	e Addition
NAME	VOGEL, CARYN D		2.2 NAME						
STREET ADDRESS	2801 FLORIDA AVE., #423		2.3 STREE	T ADDRESS	ĺ				
City-ST-7IP	COCONUT GROVE F		2 4 CITY		1	•	* *.		
TITLE	DST	☐ DELETE	3 1 TITLE		<u> </u>			Chang	e Addition
NAME	DIXON, MARIA		3.2 NAME	1	ĺ.				
STREET ADDRESS	19720 N.W. 87TH PLACE		3.3 STREE	T ADDRESS					
CITY - S1 - 2#	MIAMI FL		3.4. CITY-	-ST-ZIP					
TITLE		☐ DELETE	4.1 THLE			- 4		☐ Chang	ge 🔲 Addition
NAME			4. 2 NAM	:					
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY - ST - 7IP	ļ		4.4 CITY-						
TITLE		☐ DELETE	5.1 TITLE					☐ Chang	ge 🔲 Addition
NAME			5.2 NAME	,					
STREET ADDRESS				T ADDRESS					
CITY-SI-ZIF		DELETE	5.4 City -		ļ			Chass	in Addition
TITLE		T) nere is	6.1 TITLE					Chang	ye 🔲 Addition
NAME			62 NAME		}				
STREET ADDRESS				T ADDRESS					
CITY-ST-7iP		ists state stitue alone a de 1914	6.4 CITY-	ST-ZIP	1	2			

4. 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 tam an officer or dijector of the corporation or the receiver or trustee officowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 1/2 or Riock 13 if changed, or or an attachment with an address.

SIGNATURE

TURE AND LYPED OR PRINTED NAME OF BROWNING DEFICER OR DIRECTOR

3/13/47- (305) 374-8919
Date Davino Phone # 002327