


32197 B-3452C  
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Mar 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004404 (9)**

1. Corporation Name

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



Principal Place of Business <b>19030 N.W. 65TH CT MIAMI FL 33015 US</b>	Mailing Address <b>19030 N.W. 65TH CT MIAMI FL 33015-4706 US</b>
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3. Date Incorporated or Qualified **09/08/1994** 3a. Date of Last Report **06/14/1996**

2. Principal Place of Business 2a. Mailing Address  
**44 WEST FLAGLER ST.** **44 WEST FLAGLER ST.**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**SUITE 413** **SUITE 413**

City & State City & State  
**MIAMI, FLORIDA** **MIAMI, FLORIDA**

Zip Country Zip Country  
**33130 USA** **33130 USA**

4. FEI Number **65-0528634** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEAZ, RITA M  
407 LINCOLN ROAD  
SUITE 11L  
MIAMI BEACH FL 33139**

81 Name **ANA-CRISTINA NAVARRO, ESQ.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**44 W. Flagler Street, Suite 413**  
83  
84 City **Miami** FL 85 Zip Code **33130**

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  **ANA-CRISTINA NAVARRO** DATE **3/17/97**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAVARRO, ANNA-CRISTINA</b>	1.2 NAME	<b>ANA-CRISTINA NAVARRO</b>
STREET ADDRESS	<b>19030 N.W. 65TH CT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VOGEL, CARYN D</b>	2.2 NAME	
STREET ADDRESS	<b>2801 FLORIDA AVE., #423</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT GROVE F</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIXON, MARIA</b>	3.2 NAME	
STREET ADDRESS	<b>19720 N.W. 87TH PLACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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:  **CARYN D. VOGEL** DATE **3/17/97** (305) 374-8919  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023272

CR2E037 (9/96)