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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT QF STATE

Katheripe Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N94000004404

1. Corporation Name

NAME NOGEL, CARYN D STREET ADDRESS 2801 FLORIDA AVE., #423 CITY-ST-ZIP COCONUT GROVE F TITLE DIXON, MARIA STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL DELETE AMME STREET ADDRESS CITY-ST-ZIP MIAMI FL DELETE AMME AS TREET ADDRESS CITY-ST-ZIP TITLE DELETE ADDRESS CITY-ST-ZIP TITLE DELETE ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREE	H.E.L.P.	(HIV EDUCATION AND LAW	PROJ	IECT), INC.							
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NAVARRO, ANA-CRISTINA E 44 W FLAGLER STREET SUTTE 413 MIAMI FL 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 agent, or both, in the Statu of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or host in the Statute of 17.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Sent familiar with, and accept the appointment as registered agent, and accept the appointment as registered agent, and accept the appointment as registered agent. Sent familiar with an accept the appointment as registered agent, and accept the appointment as registered agent, and accept the appointment as registered agent agent. In a purpose, and the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the appoi	24] *-				30 į		1				1
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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 chapted, or on an attachment with an address, with all other fixe empowered.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90089 043 ****69.90