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Apr 13, 1999 8:00 am
Secretary of State

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

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N94000004404

1. Corporation Name

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

Principal Place of Business

44 WEST FLAGLER ST
 SUITE 413
 MIAMI FL 33130
 US

Mailing Address

44 WEST FLAGLER ST
 SUITE 413
 MIAMI FL 33130
 US



| | | |
|--------------------------------|---------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 | 26 | 09/08/1994 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number |
| 22 | 27 | 65-0528634 |
| City & State | City & State | Applied For |
| 23 | 28 | Not Applicable |
| Zip | Country | 5. Certificate of Status Desired |
| 24 | 25 | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 29 | 30 | 6. Election Campaign Financing |
| | | Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

NAVARRO, ANA-CRISTINA E
 44 W FLAGLER STREET
 SUITE 413
 MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name Wendy Beth Goldstein
 82 Street Address (P.O. Box Number is Not Acceptable) 2451 Brickell Ave # 10B
 83
 84 City Miami FL 85 Zip Code 33129

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-9-1999

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|-------------------------|
| TITLE | DV | 1.1 TITLE | Wendy Beth Goldstein |
| NAME | NAVARRO, ANA-CRISTINA | 1.2 NAME | 2451 Brickell Ave # 10B |
| STREET ADDRESS | 19030 N.W. 65TH CT | 1.3 STREET ADDRESS | Miami, FL 33129 |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | DP | 2.1 TITLE | Amy Weintraub |
| NAME | VOGEL, CARYN D | 2.2 NAME | 7161 S. Park Rd. #302 |
| STREET ADDRESS | 2801 FLORIDA AVE., #423 | 2.3 STREET ADDRESS | Hollywood, FL 33021 |
| CITY-ST-ZIP | COCONUT GROVE F | 2.4 CITY-ST-ZIP | |
| TITLE | DST | 3.1 TITLE | |
| NAME | DIXON, MARIA | 3.2 NAME | |
| STREET ADDRESS | 19720 N.W. 87TH PLACE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-9-99 305-374-8919

CR2E037-14198