

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1-4
FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **N94000006344 (5)**

1. Corporation Name

S.T.A.R.S./H.O.P.E. INC.

Principal Place of Business

**300 NE 2ND AVE
MIAMI FL 33132**

Mailing Address

**300 NE 2ND AVE
MIAMI FL 33132**



3. Date Incorporated or Qualified

12/30/1994

3a. Date of Last Report

08/07/1995

4. FEI Number

65-0589915

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **90 DR. JOSE VICENTE**

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LEVY, LAWRENCE A
1016 MILAN AVE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when remaining)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DC**
STREET ADDRESS **VIVALDI, TONY**
CITY-ST-ZIP **11305 SW 40TH ST
MIAMI FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **VICENTE, JOSE**
CITY-ST-ZIP **300 NE 2ND AVE
MIAMI FL 33132**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **LEVY, LAWRENCE A**
CITY-ST-ZIP **1016 MILAN AVE
CORAL GABLES FL**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **AQUINO, VIVIAN**
CITY-ST-ZIP **3971 SW 8TH ST
MIAMI FL**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **NOBLE, CARLOS**
CITY-ST-ZIP **700 BRICKELL AVE
MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Lawrence A. Levy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

305-444-3722

Date

Daytime Phone #

CR2E037 (12/95)

S.T.A.R.S./H.O.P.E. PARTNERSHIP BOARD

Ms. Lianne Acebo, Vice President
Citibank, FSB
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Miami, FL 33178
470-7090, Fax: 470-7063

Ms. Helen Aguirre-Ferrer
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Ms. Vivian Aquino, President
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Mr. Tommy Taylor
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