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Jul 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000006344 (5)

1. Corporation Name

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

Principal Place of Business

Mailing Address

300 NE 2ND AVE
MIAMI FL 33132

C/O VICENTE, JOSE, DR.
300 NE 2ND AVE
MIAMI FL 33132-2204
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVY, LAWRENCE A
1016 MILAN AVE
CORAL GABLES FL 33134

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|------------------|--|
| TITLE | DC | <input checked="" type="checkbox"/> DELETE |
| NAME | VIVALDI, TONY | |
| STREET ADDRESS | 11305 SW 40TH ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | VICENTE, JOSE | |
| STREET ADDRESS | 300 NE 2ND AVE | |
| CITY-ST-ZIP | MIAMI FL 33132 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LEVY, LAWRENCE A | |
| STREET ADDRESS | 1016 MILAN AVE | |
| CITY-ST-ZIP | CORAL GABLES FL | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | AQUINO, VIVIAN | |
| STREET ADDRESS | 3971 SW 8TH ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | NOBLE, CARLOS | |
| STREET ADDRESS | 700 BRICKELL AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | President |
| 2.3 STREET ADDRESS | Vicente, Jose (T) |
| 2.4 CITY-ST-ZIP | 300 N.E. 2nd Ave. |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Vice President |
| 3.3 STREET ADDRESS | ACEBO, Lianne (T) |
| 3.4 CITY-ST-ZIP | 201 S. Biscayne Blvd. Suite 3380 |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | TREASURER |
| 4.3 STREET ADDRESS | HERNANDEZ-Licht, JAVIER (T) |
| 4.4 CITY-ST-ZIP | 6900 N. Kendall Dr. |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | SECRETARY |
| 5.3 STREET ADDRESS | RIVERA, Hortensia (T) |
| 5.4 CITY-ST-ZIP | 2331 S.W. 122 Court |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E037 (9/96)