


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 C/O VICENTE. JOSE. DR. 300 NE 2ND AVE MIAMI FL 33132 US
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3. Date Incorporated or Qualified
12/30/1994

4. FEI Number
65-0589915

2. Principal Place of Business 21 627 SW 27th Avenue Suite, Apt. #, etc. 22 Miami, FL 33135 City & State 23 33135 Zip 24 USA	2a. Mailing Address 26 627 SW 27th Avenue Suite, Apt. #, etc. 27 Miami, FL City & State 28 33135 Zip 29 USA
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PT	NAME	VICENTE, JOSE	STREET ADDRESS	300 NE 2ND AVE	CITY-ST-ZIP	MIAMI FL	<input type="checkbox"/> DELETE
TITLE	D	NAME	VICENTE, JOSE	STREET ADDRESS	300 NE 2ND AVE	CITY-ST-ZIP	MIAMI FL 33132	<input type="checkbox"/> DELETE
TITLE	D	NAME	LEVY, LAWRENCE A	STREET ADDRESS	1016 MILAN AVE	CITY-ST-ZIP	CORAL GABLES FL	<input type="checkbox"/> DELETE
TITLE	VPT	NAME	ACEBO, LIANNE	STREET ADDRESS	201 S BISCAYNE BLVD SUITE 3380	CITY-ST-ZIP	MIAMI FL	<input type="checkbox"/> DELETE
TITLE	T	NAME	HERNANDEZ-LICHTL, JAVIER	STREET ADDRESS	8900 N KENDALL DR	CITY-ST-ZIP	MIAMI FL	<input type="checkbox"/> DELETE
TITLE	ST	NAME	RIVERO, HORTENSIA	STREET ADDRESS	2331 SW 122 COURT	CITY-ST-ZIP	MIAMI FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *[Signature]*

CR2E037 (10/97)