


FILE NOW: FILING FEE IS \$61.25

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Mar 25, 1999 8:00 am
Secretary of State

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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 # N94000006344

1. Corporation Name

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

Principal Place of Business

627 SW 27TH AVE
MIAMI FL 33135
US

Mailing Address

627 SW 27TH AVE
300 NE 2ND AVE
MIAMI FL 33135
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 627 SW 27th Avenue		26 627 SW 27th Avenue		12/30/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Miami, FL		27 Miami, FL		65-0589915	
City & State		City & State		Applied For	
23 33135		28 33135		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
Country		Country		\$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PT <input type="checkbox"/> DELETE	1.1 TITLE	PT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICENTE, JOSE	1.2 NAME	Mary Vila-Sanchez
STREET ADDRESS	300 NE 2ND AVE	1.3 STREET ADDRESS	7210 Red Road, Suite 210
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL. 33143
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICENTE, JOSE	2.2 NAME	
STREET ADDRESS	300 NE 2ND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, LAWRENCE A	3.2 NAME	
STREET ADDRESS	1016 MILAN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	4.1 TITLE	VPT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACEBO, LIANNE	4.2 NAME	Elodia Cruz
STREET ADDRESS	201 S BISCAYNE BLVD SUITE 3380	4.3 STREET ADDRESS	5959 NW 7th Street
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL. 33126
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ-LICHTL, JAVIER	5.2 NAME	Vivian Aquino-Sosa
STREET ADDRESS	8900 N KENDALL DR	5.3 STREET ADDRESS	3971 SW 8th Street
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL. 33134
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	ST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERO, HORTENSIA	6.2 NAME	Lourdes Sanjenis
STREET ADDRESS	2331 SW 122 COURT	6.3 STREET ADDRESS	9 Star Island
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami Beach, FL. 33139

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 #

CR2E037-(11/98)