

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000005395 (7)

1. Corporation Name

NEW HOPE COMMUNITY SERVICES, INC.

Principal Place of Business

Mailing Address

9921 WEST OKECHOBEE ROAD #521-D  
HIALEAH FL 33016

9921 WEST OKECHOBEE ROAD #521-D  
HIALEAH FL 33016

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2. Principal Place of Business

2a. Mailing Address

21

26

NEW HOPE COMM. SERV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

P.O. Box 111987

City & State

City & State

23

28

HIALEAH, FL.

Zip

Country

Zip

Country

24

25

29

33011

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
11/14/1995

3a. Date of Last Report

4. FEI Number

☒ 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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

ARENAS, LUIS A

STREET ADDRESS

9921 WEST OKECHOBEE ROAD #521-D  
HIALEAH FL 33016

CITY - ST - ZIP

TITLE

VS

☐ DELETE

NAME

ARENAS, ERIKA C

STREET ADDRESS

9921 WEST OKECHOBEE ROAD #521-D  
HIALEAH FL 33016

CITY - ST - ZIP

TITLE

T

☐ DELETE

NAME

COWAN, EDUARDO

STREET ADDRESS

326 EAST 12 STREET  
HIALEAH FL 33010

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

T

1.2 NAME

GRISSEL FERNANDEZ

1.3 STREET ADDRESS

550 W 78 ST.

1.4 CITY - ST - ZIP

HIALEAH, FL. 33014

2.1 TITLE

T

2.2 NAME

MAYELIN OSORIO

2.3 STREET ADDRESS

8245 LARG DR. # E-205

2.4 CITY - ST - ZIP

MIAMI, FL. 33166.

3.1 TITLE

T

3.2 NAME

CARMEN COWAN.

3.3 STREET ADDRESS

326 E. 12 ST.

3.4 CITY - ST - ZIP

HIALEAH, FL. 33010

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/96 (305) 828-3795

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