

**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

FILED

96 SEP -9 PM 3:34

**DOCUMENT # N95000005395 (7)**

1. Corporation Name  
**NEW HOPE COMMUNITY SERVICES, INC.**



Principal Place of Business: **9921 WEST OKECHOBEE ROAD #521-D HIALEAH FL 33016**  
 Mailing Address: **9921 WEST OKECHOBEE ROAD #521-D HIALEAH FL 33016**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26	<b>NEW HOPE COMM. SERV.</b>	<b>11/14/1995</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22		27	<b>P.O. BOX 111987</b>	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23		28	<b>HIALEAH, FL.</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24		29	<b>33011</b>		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>ARENAS, LUIS A</b> <b>9921 WEST OKECHOBEE ROAD #521-D</b> <b>HIALEAH FL 33016</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ARENAS, LUIS A</b>	1.2 NAME	<b>T</b>
STREET ADDRESS	<b>9921 WEST OKECHOBEE ROAD #521-D</b>	1.3 STREET ADDRESS	<b>GRISOL FERNANDEZ</b>
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	1.4 CITY-ST-ZIP	<b>550 W 78 ST.</b>
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ARENAS, ERIKA C</b>	2.2 NAME	<b>T</b>
STREET ADDRESS	<b>9921 WEST OKECHOBEE ROAD #521-D</b>	2.3 STREET ADDRESS	<b>MAYELIN OSORIO</b>
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	2.4 CITY-ST-ZIP	<b>8245 LAKE DR. # E-205</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COWAN, EDUARDO</b>	3.2 NAME	<b>T</b>
STREET ADDRESS	<b>326 EAST 12 STREET</b>	3.3 STREET ADDRESS	<b>CARMEN COWAN.</b>
CITY-ST-ZIP	<b>HIALEAH FL 33010</b>	3.4 CITY-ST-ZIP	<b>326 E. 12 ST.</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 199.07(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: **P Luis A. Arenas** **REQUIRED** **7/2/96** **(305) 828-3795**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Luis A. ARENAS**

CR2E037 (3/96)