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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra S. Mogham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000004468 (1)

1. Corporation Name

H.O.P.E. FOUNDATION INC.



Principal Place of Business

Mailing Address

150 NE 175TH STREET  
NORTH MIAMI BEACH FL 33162-1708

150 NE 175TH STREET  
NORTH MIAMI BEACH FL 33162-1708

3. Date Incorporated or Qualified

08/07/1997

4. FEI Number

65-0776328

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 150 NE 175TH STREET

22 N. MIAMI BEACH FL.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

33162-1708 DADE

33162-1708 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MENARD, JEAN-ROBERT  
150 NE 175TH STREET  
NORTH MIAMI BEACH FL 33162-1708

81 Name JEAN-ROBERT MENARD

82 Street Address (P.O. Box Number is Not Acceptable)  
150 NE 175TH STREET

83 City

N. MIAMI BEACH

FL

85 Zip Code

33162-1708

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]*

JEAN-ROBERT MENARD

5/29/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME MENARD, JEAN-ROBERT  
STREET ADDRESS 150 NE 175TH STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162-1708

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  
NAME PIERRE, CHARLES  
STREET ADDRESS 1240 NE 175TH STREET  
CITY-ST-ZIP N. MIAMI BEACH FL 33162

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD  
NAME CAVE, SERGE  
STREET ADDRESS 8760 N. CRESCENT DRIVE  
CITY-ST-ZIP MIRAMAR FL 33025

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD  
NAME BLAISE, ROSE-MARIE  
STREET ADDRESS 17225 NE 6TH AVENUE  
CITY-ST-ZIP N. MIAMI BEACH FL 33162

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME GARNUER, JEAN-CLAUDE M.D.  
STREET ADDRESS PORT-AU-PRINCE  
CITY-ST-ZIP HAITI OC

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME BALMIR, JEAN  
STREET ADDRESS 1000 NW 155 LANE, APT 311  
CITY-ST-ZIP MIAMI FL 33162

6.1 TITLE  
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:

SERGE CAVE

5-29-98

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