

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 23 1998 8:00am<sup>8</sup>  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000001569 (8)

1. Corporation Name

AMERICA HELPING AMERICA, INC.



Principal Place of Business C/O LEONEL MEDEROS 340 N.W. 63RD COURT MIAMI FL 33126		Mailing Address C/O LEONEL MEDEROS 340 N.W. 63RD COURT MIAMI FL 33126		3. Date Incorporated or Qualified 10/01/1997
2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 65-0784339 Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

MEDEROS, LEONEL  
340 N.W. 63RD COURT  
MIAMI FL 33126

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

9/9/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MEDEROS, LEONEL	1.2 NAME	Josefa Diaz
STREET ADDRESS	340 N.W. 63RD COURT	1.3 STREET ADDRESS	340 NW 63rd Court
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	SD	2.1 TITLE	SD
NAME	PEQUERO, NEGIA	2.2 NAME	Magda Zangronis
STREET ADDRESS	19934 N.W. 52ND AVE	2.3 STREET ADDRESS	171 W 11th Street apt.7
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Hialeah, FL 33010
TITLE	TD	3.1 TITLE	TD
NAME	POSADA, REYMUNDO	3.2 NAME	Gerardo Torres
STREET ADDRESS	515 S.W. 97TH PLACE	3.3 STREET ADDRESS	514 SW 96th Court
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33174
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-09-98

(305) 266-7742  
(305) 266-7742

CR2E037 (5/98)