

FILE NOW: FILING FEE IS \$61.25

|                                                                                              |  |                                                                                                                                                                                                                 |  |
|----------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>NONPROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b>                          |  |  <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |  |
| <b>DOCUMENT # N98000003119</b><br>1. Corporation Name<br><b>ARK FAMILY HELP CENTER, INC.</b> |  |                                                                                                                                                                                                                 |  |
| Principal Place of Business<br><b>13045 W. DIXIE HWY</b><br><b>NO. MIAMI FL 33161</b>        |  | Mailing Address<br><b>13045 W. DIXIE HWY</b><br><b>NO. MIAMI FL 33161</b>                                                                                                                                       |  |

05-07-1999 FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

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1.0000 BIRTH 1999-00072-25



|                                |                     |                     |                     |                                                                                    |                                |
|--------------------------------|---------------------|---------------------|---------------------|------------------------------------------------------------------------------------|--------------------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>06/02/1998                                    |                                |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>65-0804162                                                        | Applied For<br>Not Applicable  |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input checked="" type="checkbox"/>               | \$8.75 Additional Fee Required |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees    |
| 24                             | Country             | 29                  | Country             |                                                                                    |                                |

|                                                                                 |  |                                                                                                     |  |
|---------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent                                 |  | 10. Name and Address of New Registered Agent                                                        |  |
| <b>DEGRAFF, LOUIS</b><br><b>13045 W. DIXIE HWY</b><br><b>NO. MIAMI FL 33161</b> |  | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>FL 85 Zip Code |  |

11. Pursuant to the provisions of Sections 617.0502 and 617.1505, 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 Louis DeGraff DATE 1-15-99

| 12. OFFICERS AND DIRECTORS |                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|----------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME <b>D</b>              | <b>Louis DeGraff</b>             | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>18084 NW H B PL</b>           | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>MIAMI, FL 33055</b>           | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME <b>D</b>              | <b>Elie Joseph</b>               | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>14801 NE 7th Ave</b>          | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>MIAMI, FL 33161</b>           | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME <b>D</b>              | <b>Louis Banathy</b>             | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>12580 NE 9th Ave.</b>         | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>MIAMI, FL 33161</b>           | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE  | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Jean Pierre-Louis</b>         | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>2175 NE 170th St</b>          | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>APT # 205 MIAMI, FL 33162</b> | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE  | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Arline Mondesir</b>           | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>18343 NW 4th PL</b>           | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>MIAMI, FL 33055</b>           | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE  | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>TREASURER</b>                 | 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)(c), 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: Louis DeGraff DATE 1-15-99 DAYTIME PHONE 305-893-1660

CR2E007 (1/98)

1AD

Miami October 13, 1999

Ark Family Help Center, Inc.  
13045 West Dixie Hwy  
Miami, Florida 33161  
Document #: N98000003119

State of Florida  
Department of State  
Ms Katherine Harris  
Secretary of State

Dear Madam:

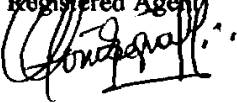
We receive the certificate of administrative dissolution of the above corporation for having failed to file its 1999 corporation annual report. We think there is a mistake because on April 27, 1999, We mailed the report with a check of \$70.00 (\$61.25 filing fee plus the \$8.75 for the certificate of status (copy of cashed check enclosed).

Please look at it and make the necessary correction for us.

We remain sincerely yours,

For the corporation

Louis Degraff  
Registered Agent

A handwritten signature in dark ink, appearing to read "Louis Degraff", is written over the printed name and title.