04201999-90137-032-$70.00-$70.00

FILED
Apr 20, 1999 8:00 am
Secretary of State
04-20-1999 90137 032 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004176

1. Corporation Name
H.O.P.E. INC.

Principal Place of Business	Mailing Address
2643 LEE ST. HOLLYWOOD FL 33020	2643 LEE ST. HOLLYWOOD FL 33020

2. Principal Place of Business
21 1314 Pierce ST
Suite, Apt. #, etc.
22
City & State
23 Holly Wood FL
Zip 24 3302A Country 25 USA

2a. Mailing Address
26 1314 Pierce ST
Suite, Apt. #, etc.
27
City & State
28 Hollywood FL
Zip 29 33019 Country 30 USA

3. Date Incorporated or Qualified
07/16/1998

4. FEI Number
65-0852972
☐ 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

9. Name and Address of Current Registered Agent

GINS, JUDY
2643 LEE ST.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name: Roslyn D Smith
82 Street Address (P.O. Box Number is Not Acceptable): 1314 Pierce St
83 Hollywood
84 City FL 85 Zip Code 33019

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 Roslyn D Smith Roslyn D Smith 4/16/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gins, Judy Secs. 2643 Lee St. Hollywood FL 33020	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President / Treasurer Roslyn D Smith / Director 1314 Pierce St Hollywood FL 33019 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V/P Phyllis Littman 10350 W Bay Harbor Dr. #15-E Bay Harbor, FL 33154-1295 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Arlene Rieto 705 N.E. 30th Street #602 Miami, FL 33137 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Roslyn D Smith SIGNATURE REQUIRED / Treas 4/16/99 305-554-1560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #