

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90074 014 \*\*\*\*61.25

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1. Corporation Name

HAND IN HAND, TEENS HELPING TEENS, INC.

Principal Place of Business

5441 BANYAN DRIVE  
CORAL GABLES FL 33156

Mailing Address

5441 BANYAN DRIVE  
CORAL GABLES FL 33156

472051-90074-14



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

10/19/1998

4. FEI Number

65-0870748

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

RASCO, EDUARDO I.ESO  
ROSENTHAL ROSENTHAL RASCO STOK & WOLF  
2875 NORTHEAST 191 STREET, SUITE 500  
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE D  
NAME FERNANDEZ, PATRICIA M  
STREET ADDRESS 5441 BANYAN DRIVE  
CITY-ST-ZIP CORAL GABLES FL 33156

TITLE D  
NAME RASCO, RICHARD A  
STREET ADDRESS 5441 BANYAN DRIVE  
CITY-ST-ZIP CORAL GABLES FL 33156

TITLE D  
NAME ST. GEORGE, ZABA  
STREET ADDRESS 5441 BANYAN DRIVE  
CITY-ST-ZIP CORAL GABLES FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE D  
2.2 NAME SALUP, CARLOS  
2.3 STREET ADDRESS 5441 BANYAN DRIVE  
2.4 CITY-ST-ZIP CORAL GABLES, FL. 33156

3.1 TITLE D  
3.2 NAME DEANNA BARKETT  
3.3 STREET ADDRESS 5441 BANYAN DRIVE  
3.4 CITY-ST-ZIP CORAL GABLES, FL. 33156

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

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

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, with all other like empowered.

SIGNATURE: PATRICIA M. FERNANDEZ  
SIGNATURE REQUIRED: Patricia M. Fernandez  
4/26/99 (305) 6612346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)