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**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90007 034 \*\*\*\*70.00

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N98000006744**

1. Corporation Name

**HELP CRISIS HOTLINE, INC.**

Principal Place of Business

247 SOUTHWEST 8TH STREET  
MIAMI FL 33130

Mailing Address

247 SOUTHWEST 8TH STREET  
MIAMI FL 33130



2. Principal Place of Business

21 247 SOUTHWEST 8TH STREET

Suite, Apt. #, etc.

22 130

City & State

23 MIAMI FL

Zip

24 33130

Country

25 DADF

2a. Mailing Address

26 247 SOUTHWEST 8TH STREET

Suite, Apt. #, etc.

27 130

City & State

28 MIAMI FL

Zip

29 33130

Country

30 DADF

3. Date Incorporated or Qualified

11/30/1998

4. FEI Number

65-0877736

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

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

AMERILAWYER  
343 ALMAERIA AVENUE  
CORAL GABLES FL 33134

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 PD ☐ DELETE

NAME VALENTIN, FREDDY

STREET ADDRESS 247 SOUTHWEST 8TH STREET

CITY-ST-ZIP MIAMI FL 33130

TITLE VD ☒ DELETE

NAME VALENTIN, MARIA

STREET ADDRESS 247 SOUTHWEST 8TH STREET

CITY-ST-ZIP MIAMI FL 33130

TITLE STD ☒ DELETE

NAME HERRERA, CARLOTA A

STREET ADDRESS 247 SOUTHWEST 8TH STREET

CITY-ST-ZIP MIAMI FL 33130

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☐ Change ☒ Addition

1.2 NAME RAFAEL ARRIETA

1.3 STREET ADDRESS 247 SW 8 STREET #130

1.4 CITY-ST-ZIP MIA FL 33130

2.1 TITLE STD ☐ Change ☒ Addition

2.2 NAME LORENA TORRENTES

2.3 STREET ADDRESS 247 SOUTHWEST 8TH ST #130

2.4 CITY-ST-ZIP MIAMI, FL 33130

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE FREDDY VALENTIN

04-15-99

305-429-9122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)