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**PROFIT CORPORATION** ANNUAL REPORT

1999



DOCUMENT # **P97000080319**1. Corporation Name

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 20, 1999 8:00 am Secretary of State

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## OUR LADY OF HOPE, CORP.

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Principal Place	e of Business	Mailing	Address						<b>                                    </b>			
14240 KENDALE			ENDALE LAKE BLVD	`								
SW 82TH ST	LAKE DETO	SW 82TH		•								
MIAMI FL 33183	3	MIAMI FI	L 33183						RITE IN TH	S SPACE		
							<ol> <li>Date Incorp</li> <li>09/16/19</li> </ol>	orated or Qualifo	ed			
2. Principal Pl	lace of Business	2a. Mail	ling Address				4. FEI Number			_ [ ]	Applie	d For
21		26	•			:	65-08116	30			Not A	pplicable
Suite, Apt.	#, etc.		e, Apt. #, etc.							\$8.7	5 Add	itional
22		27					5. Certificate of	f Status Desired		Fee	Requi	red
City & State	e	City	& State				6. Election Ca	mpaign Financir	ng 🗀	\$5.0	<b>)0</b> ма	y Be
23		28					Trust Fund	Contribution		Adde	ed to F	ees
Zip	Country	Zip	_	Countr	у		8. This corpora	ation owes the c	urrent year li			}
24	25	29		30			Personal Pr			☐ Yes		No
	9. Name and Address of Curre	ent Registered	l Agent				10. Name and	Address of Nev	w Registered	d Agent		
4.077	IDULO FOREDANZA			81	1 N	lame						
	JDILLO, ESPERANZA			82	2 5	Street Addres	ss (P.O. Box Nun	nber is Not Acce	eptable)			
	1 SW 104TH TER								· · ·			
MIAN	AI FL 33196			83	3			•	•			Ī
				84	4 C	City			F	85 Z	ip Cod	e
44 Pusquent	to the provisions of Sections 607.05	502 and 607 15	INS Florida Statute	e the abov	 vo-na	amed cornor	ration submits this	s statement for t	be nurnose o	f changing	its rea	istered
office or re	egistered agent, or both, in the State	e of Florida. Sι	uch change was au	ithorized by	y the	corporation	's board of direct	ors. I hereby ac	cept the app	ointment as	regist	ered
agent. I ar	m familiar with, and accept the oblig	gations of, Sect	tion 607.0505, Flori	ida Statute	S.							
SIGNATURE												
			ALC: (NOTE: I	Conintered Acc	ant sim	not us conviced u	ubon reinstation)		DATE			
	Signature, typed or printed name of registered ag				ent sigr	nature required w		CHANGES TO	DATE OFFICERS A	ND DIREC	TORS	IN 12
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CITY-ST-ZIP 14. Thereby 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 607, 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.