

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000003008

**Entity Name:** HOUSE OF HOPE FOR COSTA RICAN CHILDREN, INC.

**Current Principal Place of Business:**

4000 INTERNATIONAL PLACE  
C/O ROBERT B MACAULAY, CARLTON FIELDS  
MIAMI, FL 33131

**Current Mailing Address:**

% ALBERTO PEREZ  
BOX 025635, CRC 837  
MIAMI, FL 33102-5635

**FEI Number:** 65-0919929

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MACAULAY, ROBERT B  
4000 INTERNATIONAL PLACE  
CARLTON FIELDS  
MIAMI, FL 33131 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name PEREZ, ALBERTO  
Address %RB MACAULAY, 100 SE 2ND ST.,  
4000 INTL PL  
City-State-Zip: MIAMI FL 33131

Title DAS  
Name CHAVES, ANA C  
Address %RB MACAULAY, 100 SE 2ND ST.,  
4000 INTL PL  
City-State-Zip: MIAMI FL 33131

Title DT  
Name ARREA, ARTURO  
Address %RB MACAULAY, 100 SE 2ND ST.,  
4000 INTL PL  
City-State-Zip: MIAMI FL 33131

Title DAS  
Name JENKINS, FEDERICO  
Address %RB MACAULAY, 100 SE 2ND ST.,  
4000 INTL PL  
City-State-Zip: MIAMI FL 33131

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANA C. CHAVES

**AS SECRETARY**

**02/14/2018**

Electronic Signature of Signing Officer/Director Detail

Date