

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000004758 (8)**

1. Corporation Name

PEOPLE'S RESOURCES ORGANIZATION, INC.



Principal Place of Business

Mailing Address

2615 W. DAVIE BLVD.
APT. 209
FT LAUDERDALE FL 33312
US

1891 S.W. 81ST AVE.
APT. 209
N. LAUDERDALE FL 33068

3. Date Incorporated or Qualified

09/27/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **1290 EAST OAKLAND PARK BLVD**

26 **1290 EAST OAKLAND PARK BLVD.**

4. FEI Number

65-0528944

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 100**

27 **SUITE 100**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

23 **FORT LAUDERDALE, FL.**

28 **FORT LAUDERDALE, FL.**

24 **33334**

25 **U.S.A.**

29 **33334**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

**TORRES, EUGENIO R
1891 S.W. 81ST AVE.
APT. 209
N. LAUDERDALE FL 33068**

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		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	GUILLERMO, APONTE	
STREET ADDRESS	4720 NE 2ND AVENUE	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	PD	
NAME	APONTE, GUILLERMO	
STREET ADDRESS	4720 N.E. 2ND AVE.	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	SD	
NAME	PENAGOS, MARIA	
STREET ADDRESS	150 ISLE OF VENICE #27	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	TD	
NAME	DEL VALLE, MYRIAM	
STREET ADDRESS	4720 NE 2ND AVENUE	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	D	
NAME	SIERRA, CARLOS	
STREET ADDRESS	6190 N.W. 32ND TERRACE	
CITY - ST - ZIP	FT. LAUDERDALE FL 33309	
TITLE	D	
NAME	JIMENEZ, ERIKA	
STREET ADDRESS	1343 N.W. 122ND TERRACE	
CITY - ST - ZIP	PEMBROKE PINES FL 33026	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	ANA MELENA MAYA		
1.3 STREET ADDRESS	393 SUNSHINE DRIVE		
1.4 CITY - ST - ZIP	COCONUT CREEK, FL. 33066		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Eugenio R. Torres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/96 (954) 630-0836

CR2E037 (12/95)