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FILED
Jul 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004758 (8)
1. Corporation Name
PEOPLE'S RESOURCES ORGANIZATION, INC.



Principal Place of Business 1290 EAST OAKLAND PARK BLVD SUITE 100 FORT LAUDERDALE FL 33334 US	Mailing Address 1290 EAST OAKLAND PARK BLVD SUITE 100 FT. LAUDERDALE FL 33334-4443 US
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3. Date Incorporated or Qualified 09/27/1994	3a. Date of Last Report 02/07/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 65-0528944	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1997	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYA, ANA M	1.2 NAME	EUGENIO R. TORRES
STREET ADDRESS	393 SUNSHINE DRIVE	1.3 STREET ADDRESS	1891 SW 81ST AVE
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP	N. LAUDERDALE FL 33068
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P.S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	APONTE, GUILLERMO	2.2 NAME	FRANK NEGRO
STREET ADDRESS	4720 N.E. 2ND AVE.	2.3 STREET ADDRESS	4788 NW 1ST STREET
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	PLANTATION FL 33317
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PENAGOS, MARIA	3.2 NAME	MANUEL HOSOMEL
STREET ADDRESS	150 ISLE OF VENICE #27	3.3 STREET ADDRESS	9261 NW 44th CT
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL VALLE, MYRIAM	4.2 NAME	
STREET ADDRESS	4720 NE 2ND AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIERRA, CARLOS	5.2 NAME	
STREET ADDRESS	6190 N.W. 32ND TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMENEZ, ERIKA	6.2 NAME	
STREET ADDRESS	1343 N.W. 122ND TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)