FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 **DOCUMENT #**

(9)

1. Corpora	tion Namo	(0)			
FARN	A LABOR ORGANIZING COM	MMITTEE, INC.			
					L ARBITARI DIA JIAN BILDA HIBU BILAN HAN BILDA HIBU BILDA
	······································	·			
Principal Pla	ace of Business	Mailing Address			s canarinar ten teneti minde trate dennt sittl diffit Miffel Miff
1221 BROADWAY		1221 BROADWAY			3. Date Incorporated or Qualified
TOLEDO OH 43609		TOLEDO OH 43609			
US		U\$			05/03/1989 4. FEI Number Applied For
					10110010
2. Principal Place of Business 2s. Mailing Address					
21		26			5. Certificate of Status Desired See Required Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22		27			Trust Fund Contribution Added to Fees
City & State		City & State		•	7. Is this nonprofit corporation a homeowners association?
23		28			☐ Yes ☐ No
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes X No
	9. Name and Address of Curre	ent Hegistereo Agent	81	None	10. Name and Address of New Registered Agent
O11511			61	Name	
CUEVAS, FERNANDO		82	Street A	ddress (P.O. Box Number is Not Acceptable)	
	AST MAPLE STREET		83		
MINIC	R GARDEN FL 34787		0.0	'	•
			84	City	85 Zip Code
11. Pureuer	at to the provisions of Sections 617.05	02 and 617 1509 Elocida Statu	too the abou	lo nomod o	FL of the state of
office of	registered agent, or both, in the Stat	e of Florida. Such change was	authorized b	y the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
		gations of, Section 617.0503, F	lorida Statute	S .	•
SIGNATURE	Signature, typed or printed name of registered as	gent and tille II applicable. (NO	TE: Registered Ac	ent signature re	equired when reinelating) DATE
12.		ND DIRECTORS	13.	on K organization of the	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	VELASQUEZ, BALDEMAR		1.2 NAME		
STREET ADDRESS	\$ 3352 PLAINVIEW		1.3 STREE	ADDRESS	
CITY-ST-ZIP	TOLEDO OH		1.4 CITY-	ST-ZIP	
TITLE	\$T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VELASQUEZ, RICKY		2.2 NAME		
STREET ADDRESS	10017		2.3 STREE	ADDRESS	
CITY-ST-ZIP	OTTAWA OH 2.4		2. 4 CITY-	ST-ZIP	
TITLE	Y	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CUEVAS, FERNANDO	•	3.2 NAME		
STREET ADDRESS	1		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL		3.4. CITY-	ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE		Change Addition
NAME	CUEVAS, JR FERNANDO		4. 2 NAME		
STREET ADDRESS		MITED OADDEN EI		ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL		4.4 CITY - ST - ZIP		
TITLE	D D	DE CEE	5.1 TITLE		
NAME	ROMERO, BERNA	DELETE			☐ Change ☐ Addition
STREET ADORESS	•	☐ DELETE	5.2 NAME		☐ Change ☐ Addition
	2271 PARKWOOD	☐ DELETE	5.2 NAME 5.3 STREET		☐ Change ☐ Addition
CITY-ST-ZIP	2271 PARKWOOD TOLEDO OH		5.2 NAME 5.3 STREET 5.4 CITY-S		
TITLE	2271 PARKWOOD TOLEDO OH D	☐ DELETE	5.2 NAME 5.3 STREET 5.4 City-5 6.1 Title		Change Addition Change Addition
TITLE NAME	2271 PARKWOOD TOLEDO OH D RIZO, JUAN		5.2 NAME 5.3 STREET 5.4 City-S 6.1 Title 6.2 NAME	iT-ZIP	
TITLE	2271 PARKWOOD TOLEDO OH D RIZO, JUAN		5.2 NAME 5.3 STREET 5.4 City-5 6.1 Title	ADDRESS	

Indicated on this annual report or supplied with this little both and accurate and that my signature shall have the same legal effect as if made under eath; 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.

FILED

May 21 1998 8:00am

Secretary of State