CORPORATION ANNUAL REPORT 1995

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

1840 APPROVED AND FILED
95 JUN 21 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724397

1. Corporation Name

CENTRO CAMPESINO-FARMWORKER CENTER, INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
09-21-72	03-94

2. Principal Place of Business	2a. Mailing Address
21 35801 S.W. 186th Avenue	26 P.O. Box 3483
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Florida City, FL	City & State 28 Florida City, FL
Zip 24 33034 / Country 25 USA	Zip 29 33034 / Country 30 USA

4. FEI Number 59-1460598 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AMBER & AMBER
7731 S.W. 62 Avenue, Suite 202
Miami, Florida 33143

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

300000152124 3
-06723795--01004--006
****233.75 ****233.75

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	AS	☒ Change ☐ Addition
NAME	Segor, Joseph	1.2 NAME	Reyna, Susan	
STREET ADDRESS	12815 S.W. 112 Court	1.3 STREET ADDRESS	35801 S.W. 186 Avenue	
CITY-ST-ZIP	Miami, Florida 33176	1.4 CITY-ST-ZIP	Florida City, FL 33034	DELETE
TITLE	VP	2.1 TITLE	D	☒ Change ☐ Addition
NAME	Krome, William H.	2.2 NAME	Pro, Fernando Jr.	
STREET ADDRESS	P.O. Box 900596 "N/A"	2.3 STREET ADDRESS	28300 S.W. 152 Avenue	
CITY-ST-ZIP	Homestead, FL 33030	2.4 CITY-ST-ZIP	Leisure City, FL	DELETE
TITLE	DT	3.1 TITLE	S	☐ Change ☒ Addition
NAME	Jensen, Robert	3.2 NAME	Allan, Yanick	
STREET ADDRESS	c/o First National Bank	3.3 STREET ADDRESS	283 S. Krome Avenue	
CITY-ST-ZIP	1550 N. Krome Avenue Homestead, FL 33030	3.4 CITY-ST-ZIP	Homestead, Florida 33030	
TITLE		4.1 TITLE	D	☐ Change ☒ Addition
NAME		4.2 NAME	Bogue, Hilda	
STREET ADDRESS		4.3 STREET ADDRESS	P.O. Box 901487 "N/A"	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Homestead, Florida 33090	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	Cohen, Mark	
STREET ADDRESS		5.3 STREET ADDRESS	JMH Director of Public Affairs Alamo Bldg., 2nd Floor	
CITY-ST-ZIP	6/21/95 MC	5.4 CITY-ST-ZIP	1611 N.W. 12 Avenue, Miami, FL 33146	
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	Torres, Antonia	
STREET ADDRESS		6.3 STREET ADDRESS	35761 S.W. 187 Avenue	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Florida City, FL 33034	

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)(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 the 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.

SIGNATURE: [signature] 6-20-95 (305)235-3520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WILLIAM H. KROME, Vice President (305)235-3520