

**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 # 724397 (5)**

1. Corporation Name  
**CENTRO CAMPESINO-FARMWORKER CENTER, INC.**



Principal Place of Business  
**35801 S.W. 187TH AVENUE  
FLORIDA CITY FL 33034**

Mailing Address  
**P O BOX 3483  
FLORIDA CITY FL 33034  
US**

|                                |                     |                     |                         |  |  |  |  |
|--------------------------------|---------------------|---------------------|-------------------------|--|--|--|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                         | 3. Date Incorporated or Qualified<br><b>09/21/1972</b>   |  | 3a. Date of Last Report<br><b>06/21/1995</b> |  |
| 21                             | Suite, Apt. #, etc. | 26                  | <b>PO BOX 343449</b>    | 4. FEI Number<br><b>59-1460598</b>   |  | Applied For<br>Not Applicable                |  |
| 22                             | City & State        | 27                  | <b>Florida City, FL</b> | 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  | <b>\$8.75 Additional Fee Required</b>        |  |
| 23                             | Zip                 | 28                  | <b>33034</b>            | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  |  | <b>\$5.00 May Be Added to Fees</b>           |  |
| 24                             | Country             | 29                  | <b>US</b>               | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |

|   |  |  |  |  |  |           |    |
|---|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent                             |  |  |  | 10. Name and Address of New Registered Agent |  |           |    |
| <b>AMBER AND AMBER<br/>7731 SW 62ND AVENUE SUITE 202<br/>MIAMI FL 33143</b> |  |  |  | 81   | Name   |           |    |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |           |    |
|   |  |  |  | 83   |  |           |    |
|   |  |  |  | 84   | City   | <b>FL</b> | 85 |

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 \_\_\_\_\_ 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                      | VP                  | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | KROME, JOSEPH       |                                 | 1.2 NAME  |   |  |
| STREET ADDRESS             | P.O. BOX 900596 N/A |                                 | 1.3 STREET ADDRESS                                    |   |  |
| CITY-ST-ZIP                | HOMESTEAD FL 33030  |                                 | 1.4 CITY-ST-ZIP                                       |   |  |
| TITLE                      | DT                  | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | JENSEN, ROBERT      |                                 | 2.2 NAME  | <b>000001727520</b>   |  |
| STREET ADDRESS             | 1550 N. KROME AVE.  |                                 | 2.3 STREET ADDRESS                                    | <b>-02/29/96--01016--005</b>                                      |  |
| CITY-ST-ZIP                | HOMESTEAD FL 33030  |                                 | 2.4 CITY-ST-ZIP                                       | <b>***70.00</b>   |  |
| TITLE                      | S                   | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | ALLAN, YANICK       |                                 | 3.2 NAME  |   |  |
| STREET ADDRESS             | 283 S. KROME AVENUE |                                 | 3.3 STREET ADDRESS                                    |   |  |
| CITY-ST-ZIP                | HOMESTEAD FL 33030  |                                 | 3.4 CITY-ST-ZIP                                       |   |  |
| TITLE                      | P                   | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | SEGOR, JOSEPH       |                                 | 4.2 NAME  |   |  |
| STREET ADDRESS             | 12801 SW 112 CT.    |                                 | 4.3 STREET ADDRESS                                    |   |  |
| CITY-ST-ZIP                | MIAMI, FL 0         |                                 | 4.4 CITY-ST-ZIP                                       |   |  |
| TITLE                      | D                   | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | BOGUE, HILDA        |                                 | 5.2 NAME  |   |  |
| STREET ADDRESS             | P.O. BOX 901487 N/A |                                 | 5.3 STREET ADDRESS                                    |   |  |
| CITY-ST-ZIP                | HOMESTEAD FL 33090  |                                 | 5.4 CITY-ST-ZIP                                       |   |  |
| TITLE                      | D                   | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | COHEN, MARK         |                                 | 6.2 NAME  |   |  |
| STREET ADDRESS             | 1611 N.W. 12 AVENUE |                                 | 6.3 STREET ADDRESS                                    |   |  |
| CITY-ST-ZIP                | MIAMI FL 33146      |                                 | 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: *X* \_\_\_\_\_ DATE: **1/16/96** (305) 245-7738  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ROBERT JENSEN - TREASURER**