

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 09/21/1972		3a. Date of Last Report 06/21/1995	
21	Suite, Apt. #, etc.	26	PO BOX 343449	4. FEI Number 59-1460598		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	Florida City, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	33034	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	US	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			
AMBER AND AMBER 7731 SW 62ND AVENUE SUITE 202 MIAMI FL 33143				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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	000001727520	
STREET ADDRESS	1550 N. KROME AVE.		2.3 STREET ADDRESS	-02/29/96--01016--005	
CITY-ST-ZIP	HOMESTEAD FL 33030		2.4 CITY-ST-ZIP	***70.00	
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** *[Signature]* **ROBERT JENSEN - TREASURER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **1/16/96** (305) 245-7738
 Daytime Phone #