

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 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

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 343449  
FLORIDA CITY FL 33034-0449  
US

3. Date incorporated or Qualified 09/21/1972  
3a. Date of Last Report 02/28/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1460598	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
23	27	28	\$5.00 May Be Added to Fees
City & State	City & State	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	30	
24	25		

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 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input checked="" 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	JENSON, ROBERT	2.2 NAME	JENSON, ROBERT
STREET ADDRESS	1550 N. KROME AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	2.4 CITY-ST-ZIP	
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 checked="" 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	810 West Maury Drive
CITY-ST-ZIP	HOMESTEAD FL 33090	5.4 CITY-ST-ZIP	Homestead, Fl. 33030
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 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.

SIGNATURE: *Steu M...* 1/14/97 245-7738  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024227

CP2E037 (9/96)