

FILE NOW: FILING FEE IS \$61.25

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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 US		3. Date Incorporated or Qualified 09/21/1972	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1460598	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23 Zip		28 Zip		7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent AMBER AND AMBER 7731 SW 62ND AVENUE SUITE 202 MIAMI FL 33143		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT JENSEN, ROBERT 1550 N. KROME AVE. HOMESTEAD FL	1.1 TITLE	D Jensen Robert 1550 N. Krome Ave. Homestead, Florida
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S ALLAN, YANICK 283 S. KROME AVENUE HOMESTEAD FL 33030	2.1 TITLE	D Allan Yanick 283 S. Krome Ave. Homestead, Florida 33030
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	P SEGOR, JOSEPH 12801 SW 112 CT. MIAMI, FL 0	3.1 TITLE	D Segor Joseph 12801 SW 112 Ct. Miami, Florida
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BOGUE, HILDA 810 W. MAURY DR. HOMESTEAD FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D COHEN, MARK 1611 N.W. 12 AVENUE MIAMI FL 33146	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: _____

3/6/48 (305) 245-7738

CR2E037 (10/97)