

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -6 PM 12: 12

DOCUMENT # **743650** (4)  
1. Corporation Name  
**SER-JOBS FOR PROGRESS, INC.**

Principal Place of Business Mailing Address  
**42 NW 27TH AVE., SUITE 421**  
**MIAMI FL 33125** **42 NW 27TH AVE., SUITE 421**  
**MIAMI FL 33125**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/20/1978** 3a. Date of Last Report **02/08/1994**  
4. FEI Number **59-1849595** 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**CHAVES, MELVIN**  
**9700 SW 115 TERRACE**  
**MIAMI FL 33176**

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAVES, MELVIN</b>	1.2 NAME	
STREET ADDRESS	<b>42 N.W. 27TH AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARBOSA, EDDIE</b>	2.2 NAME	
STREET ADDRESS	<b>1235 SW 136TH PL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERNANDEZ, GEORGE</b>	3.2 NAME	
STREET ADDRESS	<b>777 BRICKELL AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORGAN, IVETTE A.</b>	4.2 NAME	
STREET ADDRESS	<b>6875 SW 55TH LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>CD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COSTALES, FEDERICO</b>	5.2 NAME	
STREET ADDRESS	<b>EEOC/300 BISCAYNE BL WAY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VC</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARRILLO, GILBERT</b>	6.2 NAME	
STREET ADDRESS	<b>123 NW 12 AVE.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	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 110.07(3)(b), 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 its 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: *S. Chaves* President **1/27/95** (305) 649-7500  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_