

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 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 # 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 33125-5125

3. Date Incorporated or Qualified 07/20/1978
3a. Date of Last Report 03/18/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 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: MELVIN CHAVES DATE: 4-22-97
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 1/2	
TITLE	P	1.1 TITLE	D
NAME	CHAVES, MELVIN	1.2 NAME	JOHNSON, BARRY 'E.
STREET ADDRESS	42 N.W. 27TH AVE.	1.3 STREET ADDRESS	9101 SOUTH DADELAND BLVD. STE. 1410
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D	2.1 TITLE	D
NAME	BARBOSA, EDDIE	2.2 NAME	LLANO ROSA, DANIEL
STREET ADDRESS	1235 SW 136TH PL	2.3 STREET ADDRESS	1567 NW 79TH AVE.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33126
TITLE	TD	3.1 TITLE	SD
NAME	GODAY, EDUARDO	3.2 NAME	MORALES, JUAN
STREET ADDRESS	100 SE 2ND STREET	3.3 STREET ADDRESS	6001 EAST 8TH AVE.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	D	4.1 TITLE	D
NAME	HERNANDEZ, GEORGE	4.2 NAME	POTTER NORTON, SUSAN
STREET ADDRESS	777 BRICKELL AVENUE	4.3 STREET ADDRESS	121 MAJORCA AVE. STE. 300
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	CD	5.1 TITLE	D
NAME	COSTALES, FEDERICO	5.2 NAME	POGGIO, ADA
STREET ADDRESS	EEOC/300 BISCAYNE BL WAY	5.3 STREET ADDRESS	700 BRICKEL AVE.
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VC	6.1 TITLE	D
NAME	CARRILLO, GILBERT	6.2 NAME	TERRELONGE, RICHARD
STREET ADDRESS	499 NW 70TH AVE. STE. 112	6.3 STREET ADDRESS	16800 SW 82 AVE.
CITY-ST-ZIP	PLANTATION, FL 33317	6.4 CITY-ST-ZIP	MIAMI, FL 33157

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(8)(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 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: SIGNATURE REQUIRED DATE: 4-22-97 DAYTIME PHONE: 305-649-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2E037 (9/96)