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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743650 (4)

1. Corporation Name
SER-JOBS FOR PROGRESS, INC.



Principal Place of Business 42 NW 27TH AVE., SUITE 421 MIAMI FL 33125	Mailing Address 42 NW 27TH AVE., SUITE 421 MIAMI FL 33125
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3. Date Incorporated or Qualified 07/20/1978	
4. FEI Number 59-1849595	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

CHAVES, MELVIN, PRESIDENT
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	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

TITLE	P - <input type="checkbox"/> DELETE
NAME	CHAVES, MELVIN
STREET ADDRESS	42 N.W. 27TH AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	D - <input type="checkbox"/> DELETE
NAME	BARBOSA, EDDIE
STREET ADDRESS	1235 SW 136TH PL
CITY-ST-ZIP	MIAMI FL
TITLE	TD - <input type="checkbox"/> DELETE
NAME	GODAY, EDUARDO
STREET ADDRESS	100 SE 2ND STREET
CITY-ST-ZIP	MIAMI FL
TITLE	D - <input type="checkbox"/> DELETE
NAME	HERNANDEZ, GEORGE
STREET ADDRESS	700 BRICKELL AVENUE 407 NORTH WEST BLVD
CITY-ST-ZIP	MIAMI FL
TITLE	CD - <input type="checkbox"/> DELETE
NAME	COSTALES, FEDERICO
STREET ADDRESS	EEOC/300 BISCAYNE BL WAY
CITY-ST-ZIP	MIAMI FL
TITLE	VC - <input type="checkbox"/> DELETE
NAME	CARRILLO, GILBERT
STREET ADDRESS	499 NW 70TH AVE #112
CITY-ST-ZIP	PLANTATION FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD - <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICHARD TERRELONGE
1.3 STREET ADDRESS	16800 SW 82 AVENUE
1.4 CITY-ST-ZIP	MIAMI, FL 33157
2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BARRY E. JOHNSON
2.3 STREET ADDRESS	9101 S. DADELAND BLVD
2.4 CITY-ST-ZIP	MIAMI, FL 33156
3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	IVETTE A. MORGAN
3.3 STREET ADDRESS	8569 SW 115 PL
3.4 CITY-ST-ZIP	MIAMI, FL
4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SUSAN POTTER NORTON
4.3 STREET ADDRESS	121 MAJORCA AVENUE #300
4.4 CITY-ST-ZIP	CORAL GABLES FL
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DANIEL LLANO
5.3 STREET ADDRESS	14140 SW 40 TERR
5.4 CITY-ST-ZIP	MIAMI, FL 33175
6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ADA POGGIO
6.3 STREET ADDRESS	700 BRICKELL AVE
6.4 CITY-ST-ZIP	MIAMI, FL

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: *Melvin Chaves* **2-4-98**

CR2E037 (10/97)