


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90223 048 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 743650**  
 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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2. Principal Place of Business 21 42 NW 27 Avenue Suite, Apt. #, etc. 22 #421 City & State 23 Miami, FL Zip 24 33125	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 25 USA	3. Date Incorporated or Qualified 07/20/1978	4. FEI Number 59-1849595 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 Jose L. Cela 82 Street Address (P.O. Box Number is Not Acceptable) 8631 NW 4 TERR 83 #7 84 City MIAMI 85 Zip Code FL 33126
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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 *Jose L. Cela* Jose L. Cela, President DATE 01/25/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME CHAVES, MELVIN STREET ADDRESS 42 N.W. 27TH AVE. CITY-ST-ZIP MIAMI FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P 1.2 NAME CELA, JOSE L. 1.3 STREET ADDRESS 42 NW 27 AVE. 1.4 CITY-ST-ZIP MIAMI, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BARBOSA, EDDIE STREET ADDRESS 1235 SW 136TH PL CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	2.1 TITLE D 2.2 NAME ALLEN, MARY SUE 2.3 STREET ADDRESS 6001 EAST 8 AVE 2.4 CITY-ST-ZIP HIALEAH, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME GODAY, EDUARDO STREET ADDRESS 100 SE 2ND STREET CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	3.1 TITLE D 3.2 NAME RODRIGUEZ, MARIA 3.3 STREET ADDRESS 401 NW 42 AVE 3.4 CITY-ST-ZIP PLANTATION FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME HERNANDEZ, GEORGE STREET ADDRESS 407 NORTH WEST BLVD CITY-ST-ZIP MIAMI FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME COLON, GILBERT 4.3 STREET ADDRESS 1320 S DIXIE HIGHWAY 4.4 CITY-ST-ZIP CORAL GABLES FL 33148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE CD NAME COSTALES, FEDERICO STREET ADDRESS EEOC/300 BISCAYNE BL WAY CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VC NAME CARRILLO, GILBERT STREET ADDRESS 499 NW 70TH AVE #112 CITY-ST-ZIP PLANTATION FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of an attachment with an address, with all other like empowered.

SIGNATURE: *Jose L. Cela* SIGNATURE REQUIRED JOSE L. CELA, PRESIDENT DATE 01/25/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)