

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004758 (8)

1. Corporation Name

PEOPLE'S RESOURCES ORGANIZATION, INC.



Principal Place of Business

Mailing Address

2615 W. DAVIE BLVD.
APT. 209
FT LAUDERDALE FL 33312
US

1891 S.W. 81ST AVE.
APT. 209
N. LAUDERDALE FL 33068

3. Date Incorporated or Qualified

09/27/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **1290 EAST OAKLAND PARK BLVD**

26 **1290 EAST OAKLAND PARK BLVD.**

4. FEI Number

65-0528944

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **SUITE 100**

Suite, Apt. #, etc.

27 **SUITE 100**

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes ☒ No

City & State

23 **FORT LAUDERDALE, FL.**

City & State

28 **FORT LAUDERDALE, FL.**

Zip

24 **33334**

Country

25 **U.S.A.**

Zip

29 **33334**

Country

30 **U.S.A.**

9. Name and Address of Current Registered Agent

**TORRES, EUGENIO R
1891 S.W. 81ST AVE.
APT. 209
N. LAUDERDALE FL 33068**

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
GUERRERO, APONTE**
STREET ADDRESS **4720 NE 2ND AVENUE**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ DELETE

NAME **PD
APONTE, GUILLERMO**
STREET ADDRESS **4720 N.E. 2ND AVE.**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ DELETE

NAME **SD
PENAGOS, MARIA**
STREET ADDRESS **150 ISLE OF VENICE #27**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME **TD
DEL VALLE, MYRIAM**
STREET ADDRESS **4720 NE 2ND AVENUE**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ DELETE

NAME **D
SIERRA, CARLOS**
STREET ADDRESS **6190 N.W. 32ND TERRACE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ DELETE

NAME **D
JIMENEZ, ERIKA**
STREET ADDRESS **1343 N.W. 122ND TERRACE**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PD
ANA MELENA MAYA**
1.3 STREET ADDRESS **393 SUNSHINE DRIVE**
1.4 CITY-ST-ZIP **COCONUT CREEK, FL. 33066**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 119.07(3)(k), 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:

Eugenio R. Torres - 1/24/96

(954) 630-0836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)