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Jul 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004758 (8)**

1. Corporation Name

PEOPLE'S RESOURCES ORGANIZATION, INC.



Principal Place of Business 1290 EAST OAKLAND PARK BLVD SUITE 100 FORT LAUDERDALE FL 33334 US		Mailing Address 1290 EAST OAKLAND PARK BLVD SUITE 100 FT. LAUDERDALE FL 33334-4443 US	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
3. Date Incorporated or Qualified 09/27/1994		3a. Date of Last Report 02/07/1996	
4. FEI Number 65-0528944		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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1997	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MAYA, ANA M		1.2 NAME EUGENIO R. TORRES	
STREET ADDRESS 393 SUNSHINE DRIVE		1.3 STREET ADDRESS 1891 SW 81ST AVE	
CITY-ST-ZIP COCONUT CREEK FL		1.4 CITY-ST-ZIP N. LAUDERDALE FL 33068	
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V.P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME APONTE, GUILLERMO		2.2 NAME FRANK NEGRON	
STREET ADDRESS 4720 N.E. 2ND AVE.		2.3 STREET ADDRESS 4788 NW 1ST STREET	
CITY-ST-ZIP POMPAÑO BEACH FL		2.4 CITY-ST-ZIP PLANTATION FL 33317	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PENAGOS, MARIA		3.2 NAME MANUEL HOSOMEL	
STREET ADDRESS 150 ISLE OF VENICE #27		3.3 STREET ADDRESS 9261 NW 44th CT	
CITY-ST-ZIP FT LAUDERDALE FL		3.4 CITY-ST-ZIP CORAL SPRINGS FL 33065	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEL VALLE, MYRIAM		4.2 NAME	
STREET ADDRESS 4720 NE 2ND AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP POMPAÑO BEACH FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIERRA, CARLOS		5.2 NAME	
STREET ADDRESS 6190 N.W. 32ND TERRACE		5.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL 33309		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JIMENEZ, ERIKA		6.2 NAME	
STREET ADDRESS 1343 N.W. 122ND TERRACE		6.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL 33026		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)