


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N96000000404 (1)
 1. Corporation Name
THE COALITION OF IMMOKALEE WORKERS, INC.



Principal Place of Business 215 F WEST MAIN ST IMMOKALEE FL 34142 US	Mailing Address P.O. BOX 803 IMMOKALEE FL 34143 US
--	--

3. Date Incorporated or Qualified 01/19/1986		
4. FEI Number 65-0641010	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
---	--

9. Name and Address of Current Registered Agent ASBED, GREG 101 HENDRY ST. LABELLE FL 33935	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 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, CONRADO S	1.2 NAME	
STREET ADDRESS	803 WEST MAIN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, JUAN	2.2 NAME	
STREET ADDRESS	218 WEST MAIN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, LUIS G	3.2 NAME	
STREET ADDRESS	803 WEST MAIN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERMINO, LAURA	4.2 NAME	
STREET ADDRESS	101 HENDRY ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	LA BELLE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENITEZ, RAMIRO	5.2 NAME	
STREET ADDRESS	218 WEST MAIN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, AUGUSTO P	6.2 NAME	
STREET ADDRESS	110 NORTH 3RD STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	6.4 CITY-ST-ZIP	

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: *Rubén Benítez* *Dominick Benítez P* 5/6/98 (941) 657-7129

CR2E037 (10/97)