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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90193 029 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000000404					
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		



2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/19/1996 4. FEI Number 65-0641010 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 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			
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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 GREG ASBED (NOTE: Registered Agent signature required when reinstating) DATE 4/22/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SANCHEZ, CONRADO S		1.2 NAME	MANUEL RODRIGUEZ			
STREET ADDRESS	803 WEST MAIN ST		1.3 STREET ADDRESS	613 MADISON AVE.			
CITY-ST-ZIP	IMMOKALEE FL		1.4 CITY-ST-ZIP	IMMOKALEE, FL 34142			
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MORAN, JUAN		2.2 NAME	JEAN CLAUDE JEAN			
STREET ADDRESS	218 WEST MAIN ST		2.3 STREET ADDRESS	1530 NE 136 ST, #2			
CITY-ST-ZIP	IMMOKALEE FL		2.4 CITY-ST-ZIP	MIAMI, FL 33161			
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TORRES, LUIS G.		3.2 NAME	SILVESTRE PINA			
STREET ADDRESS	803 WEST MAIN ST		3.3 STREET ADDRESS	218 WEST MAIN ST.			
CITY-ST-ZIP	IMMOKALEE FL		3.4 CITY-ST-ZIP	IMMOKALEE, FL 34142			
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BENITEZ, RAMIRO		4.2 NAME	MARIO CANO			
STREET ADDRESS	218 WEST MAIN ST		4.3 STREET ADDRESS	102 9TH ST. S, #8			
CITY-ST-ZIP	IMMOKALEE FL		4.4 CITY-ST-ZIP	IMMOKALEE, FL 34142			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LOPEZ, AUGUSTO P		5.2 NAME	JEAN ERIC			
STREET ADDRESS	110 NORTH 3RD STREET		5.3 STREET ADDRESS	215 F WEST MAIN ST.			
CITY-ST-ZIP	IMMOKALEE FL		5.4 CITY-ST-ZIP	IMMOKALEE, FL 34142			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: [Signature] 4-26-99 (941) 657-8311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)