FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P24

(1)

EARM LABOR RESEARCH PROJECT INC.

FILED May 20 1997 8:00am Secretary of State

FARIN	DABON NEGERNON PROJEC	J1, 1140.						
Principal Place	e of Business	Mailing Address				1661 3 161 01814 01811 018 14 316 11 0 1		
P O BOX 550 TOLEDO OH 43697-0550		P O BOX 550 TOLEDO OH 43697-0550						
					3. Date Incorporated or Qualified 05/03/1989	3a. Date of Last Report 10/31/1996		
2. Principal Place of Business 21		2a. Mailing Address 26			4. FEI Number 34-1329126	Applied For Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	4	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip Co		ntry	8. This corporation has liability for Florida Statutes	intangible tax under s. 199. Yes XX No	032,	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	glatered Agent		
				81 Name				
CUEVA!	S, FERNANDO		}	82 Street Addi	ress (P.O. Box Number is Not Accepta	ble)		
328 EAST MAPLE STREET								
WINTER	GARDEN FL 34787			83				
			}	84 City		85 Zip Code		
						FL		
 Pursuant office or ragent. I a 	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obliga	2 and 617.1508, Florida Statut of Florida. Such change was a tions of, Section 617.0503, Flo	es, the at authorized orida Stat	oove-named corp d by the corporal utes.	poration submits this statement for the lion's board of directors, I hereby acce	purpose of changing its regisept the appointment as regis	istered tered	
SIGNATURE								
	Signature, typed or printed name of registered agen			Agent signature requi		DATE		
12.	OFFICERS AND	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF		Addition 2	
TITLE	VELLOCUEZ GALDEMAD	☐ DEFE IE	1.1 TO			□ change □	Addition	
NAME	VELASQUEZ, BALDEMAR		1.2 NA	·] [
STREET ADDRESS	3352 PLAINVIEW			REET ADDRESS			}	
CITY-ST-ZIP TITLE	TOLEDO OH	DELETE	1.4 CF 2.1 TO	TY-ST-ZIP		Change	Addition	
NAME	BARGER, KENNETH	□ prrr.rr		1		C) onange C	Addition	
	6143 RIVERVIEW DR		2.2 NA					
STREET ADDRESS	INDIANAPOLIS IN 46208			REET ADDRESS			l l	
CITY-ST-ZIP TITLE	\$	DELETE	3.1 TH	TY-ST-ZIP		☐ Change	Addition	
NAME	RIOS, SARA	D.C b	3.2 NA					
STREET ADDRESS	400 ARGYLE RD APT LA-S			REET ADDRESS			1	
CITY-ST-ZIP	BROOKLYN NY			ITY-ST-ZIP				
TITLE	D	DELETE	4.1 TII			Change	Addition	
NAME	REZA, ERNESTO	_	4. 2 N	1		· · ·		
STREET ADDRESS	5159 N MOUNTAIN VIEW AVE			REET ADDRESS				
CITY-ST-ZIP	SAN BERNADINO CA			1Y-ST-ZIP				
TITLE	D	☐ DELETE	5.1 TF			☐ Change ☐	Addition	
NAME	RODRIGUEZ, ANTERO		5.2 NA	IME .				
STREET ADDRESS	PO BOX 1976 N/A		5.3 ST	REET ADDRESS				
CITY-ST-ZIP	PLANT CITY FL 33566			TY-ST-ZIP				
TITLE	D	☐ DELETE	6.1 10			Change	Addition	
NAME	FERNER, MIKE		6.2 NA	IME				
STREET ADDRESS	2975 113TH		6.3 \$1	REET ADDRESS]	
CITY-ST-ZIP	TOLEDO OH		6.4 CI	TY-ST-ZIP			}	
		builth this filing does not quali			d in Castion 110 07/2\(i) Elerida Statut	an I forther postification the		

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 additional method of the corporation of t