1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # P24147**

1. Corporation Name

FARM LABOR RESEARCH PROJECT, INC.

Principal Place of Business

Mailing Address

-B-O-BOX-550-TOLEDO OH 49697-9550P-O-BOX-550-TOLEDO OH 43607-0550-

## FILED Mar 24, 1999 8:00 am § Secretary of State

03-24-1999 90012 001 \*\*\*\*61.25



2. Principal Pl	ace of Business	2a. Mailing Address	******/	ينوز المستري	. ·	Date Incorporated or Qu 05/03/1989	alifed			
21 1221	Broad way Stor	26 -1221 Bro	adwi	1y _5:	T.5		<del> </del>	1.0	I	_
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		, ,	4	34-1329126		<u> </u>	Applied For	
22		27				04 1020 120		<u> </u>	Not Applicable	<u>-</u>
City & State City & State				A		. Certifcate of Status Desi	red 🔲		5 Additional Required	
23 Toledo Onio 28 TOLEDO			<u> </u>	OH I O						$\dashv$
Zip Country Zip			¬ ′	n '		<ol> <li>Election Campaign Final Trust Fund Contribution</li> </ol>	ncing 🗆		<b>)0</b> May Be ed to Fees	
24 43609 25 29 43609 30 9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				60 10 1 663	$\dashv$	
	81	94 Name								
OUTUAG PERMANDO				المتناط مي						_
CUEVAS, FERNANDO			82	82 Street Address (P.O. Box Number is Not Acceptable)						
	MAPLE STREET	·	83			· · · · · · · · · · · · · · · · · · ·				-
WINTER C	SARDEN FL 34787		03	1			`			_]
			84	City			FI	85 Z	Zip Code	<u> </u>
	to the provisions of Sections 617.0502		**			on submits this statement f		-	its registered	
office or r	edistered agent, or both, in the State of	r Florida. Such change was au	(norizea by	tne corpo	oration's	board of directors. I hereby	accept the appo	intment a	s registered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Flori	da Statutes	3.						
SIGNATURE			Registered Age				DATE	<del> </del>		
	Signature, typed or printed name of registered agent a		13.	nt signature re	equired witer	ADDITIONS/CHANGES T		ND DIREC	TORS IN 12	
12.	OFFICERS AND	15 5 1120 10110		1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Chan		ion :
TITLE	VELASQUEZ, BALDEMAR		12 NAME		Nat1	han,Beverly		_	·	
NAME	3352 PLAINVIEW			T ADDRESS		1 Grimsby P1	ace			
STREET ADDRESS	1111111111111111			- 1		edo, Ohio 43			•	1
CITY-ST-ZIP	TOLEDO OH	☐ DELETE	1.4 CITY-S 2.1 TITLE	51-ZIP	D			Chan	ige 🔀 Addit	ion
TITLE		DEFEIR				chler,Muniz-	-Sv1via		- 4	•
NAME [	BARGER, KENNETH		2.2 NAME	2.		5 Hemlock	-1			1
STREET ADDRESS	6143 RIVERVIEW DR		2.3 STREET ADDITECTO		l .	edo,Ohio 436	514			
CITY-ST-ZIP	INDIANAPOLIS IN 46208	☐ DELETE	2, 4 CITY- 3,1 TITLE	11-01-21		ed0/01110 430	71-1	Char	nge 🔀 Addit	ion
TITLE .	S DIOC CADA				D Flo	res,Joe		<u> </u>	.95 (20)	
NAME	RIOS, SARA			32 IVML		2-Robinwood-				
STREET ADDRESS	400 ARGYLE RD APT LAS	,		3.3 STREET ADDRESS		edo, Ohio 43				'
CITY-ST-ZIP	BROOKLYN NY	□ DELETE	3.4. CITY-	ST-ZIP	D			☐ Char	nge 🔯 Addit	ion
TITLE	D DEZA EDNESTO	DELETE	4.1 TITLE		_	ter,Rodrigue	ez-Alan.			-
NAME	REZA, ERNESTO		4. 2 NAME			8 Dorr St.			-	-
STREET ADDRESS	5159 N MOUNTAIN VIEW AVE		1	TADDRESS		edo, Ohio 43	3615			
CITY-ST-ZIP	SAN BERNADINO CA	□ DELETE	4.4 CITY-	ST-ZIP	101		,,,,,	☐ Char	nge 🖺 Addit	ion
TITLE	D PODDICUEZ ANTEDO			5.1 TITLE 5.2 NAME					<u>П</u> и	
NAME :	RODRIGUEZ, ANTERO			T ADDRESS						
STREET ADDRESS	PO BOX 1976 N/A PLANT CITY FL 33566		1							1
CITY-ST-ZIP		M DELETE	5.4 CITY-5	21-437	<del> </del>			Char	nge	ion i
TITLE	D SECOND MINE	M nere ie	6.2 NAME						.02	,
NAME	FERNER, MIKE				}					-
STREET ADDRESS	2975 113TH		1	TADORESS	1					
CITY-ST-ZIP	TOLEDO OH		6.4 CITY-5	51-ZIP	ļ. <u> </u>	440 07/2\/i\ Florida Cto		-416 . 414 6	he information	

4. 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 ceth; 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

BUSHINE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99

(414) - 243 - 3456 Davisme Phone #