

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Adams Secretary of State Tallahassee, Florida 32304-0001
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DOCUMENT # N93000003065 (0)
 HISPANIC TROOPERS ASSOCIATION, INC.

**APPROVED
 AND
 FILED**
 95 MAY -1 PM 12:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
PO BOX 164002 MIAMI FL 33166	PO BOX 164002 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/09/1993	06/07/1994
4. FEI Number	Applied For / Not Applicable
65-0422197	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing and Fundraising Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input type="checkbox"/>	
8. This corporation has liability for unreported tax under § 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21. State Apt # etc	26. State Apt # etc
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

B1. Name	PICANOL, JAIME R		
B2. Street Address (P.O. Box Number is Not Acceptable)	9205 N MIAMI AVE		
B3. City	MIAMI SHORES FL 33138		
B4. City	FL	B5. Zip Code	

10. Name and Address of New Registered Agent

B1. Name			
B2. Street Address (P.O. Box Number is Not Acceptable)			
B3. City			
B4. City	FL	B5. Zip Code	

I, the undersigned, being duly qualified, certify that 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 607.050(5), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ALTERNATE CHAIRMAN OF THE BOARD OF DIRECTORS	
DP	DP NAME: PICANOL, JAIME R STREET ADDRESS: 9205 N MIAMI AVE CITY, ST, ZIP: MIAMI SHORES FL 33138	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DV	DV NAME: SANCHEZ, JOSE M STREET ADDRESS: 2411 SW 7TH AVE CITY, ST, ZIP: MIAMI FL 33129	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DT	DT NAME: BLANCO, JESUS STREET ADDRESS: 8511 NW 8TH ST #209 CITY, ST, ZIP: MIAMI FL 33126	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DS	DS NAME: JIMENEZ, MANUEL A STREET ADDRESS: 6601 SW 43RD ST CITY, ST, ZIP: MIAMI FL 33155	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in (s) 199.032(1)(b), Florida Statutes. I further certify that the information is related to the filing and that the 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 registered agent responsible to complete the report as required by Chapter 199, Florida Statutes, and that my name appears in Block 1, 2 or Block 13 of the report or as an attachment with an address.

SIGNATURE:  **JAIME PICANOL** 4/13/95
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR