

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 25 AM 11:04

DOCUMENT # **N94000004288 (6)**

1. Corporation Name

**HISPANIC AMERICAN FIREFIGHTERS ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
548 PAYNE DR. MIAMI SPRINGS FL 33166	P.O. BOX 557968 SOUTH MIAMI FL 33255

3. Date Incorporated or Qualified <b>06/31/1994</b>	3a. Date of Last Report <b>NA</b>
4. FEI Number <b>650532141</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address		
21 <b>420 S.W. 18 Terrace</b>	26 <b>P.O. BOX 557968</b>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23 <b>Miami, FL</b>	28 <b>South Miami, FL</b>		
Zip	Country	Zip	Country
24 <b>33129-1021</b>	25 <b>USA</b>	29 <b>33255-7968</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent

**JONES, DOUGLAS E**  
**2250 S.W. 3RD AVE.**  
**MIAMI FL 33129**

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
05 Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZARAGOZI, JORGE	1.2 NAME	
STREET ADDRESS	% 548 PAYNE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRERA, BILL	2.2 NAME	
STREET ADDRESS	% 548 PAYNE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGES, DOUGLAS	3.2 NAME	
STREET ADDRESS	% 548 PAYNE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSQUE, RAUL	4.2 NAME	
STREET ADDRESS	% 548 PAYNE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLESTER, EDDIW	5.2 NAME	
STREET ADDRESS	% 548 PAYNE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOCHEA, JOSE	6.2 NAME	
STREET ADDRESS	% 548 PAYNE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Jorge M. Zaragozi DATE: 05/08/1995 (305) 596-8388  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (System 1/1/95)

N94 - 4288

12. Correction to listing of Officers and Directors

ZARAGOZI, JORGE (Treasurer/Secretary)  
HERRERA, BILL  
BAS, ROMAN  
BORGES, ORLANDO  
BALLESTER, EDDIE  
BOSQUE, RAUL  
NOCHEA, JOSE  
RODRIGUEZ-FIGUEROA, MARIA  
ROJAS, ROBERT (Chairperson)

All of the above are executive board members solely unless designated otherwise. Address of the foregoing individuals should be c/o the principal place of business.