

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004288 (6)
 1. Corporation Name
HISPANIC AMERICAN FIREFIGHTERS ASSOCIATION, INC.


Principal Place of Business 420 S.W. 18 TERRACE MIAMI FL 33129-1021 US	Mailing Address 2250 SW 3 AVENUE THIRD FLOOR MIAMI FL 33129 US
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21 2. Principal Place of Business 2250 SW 3 AVE	26 2a. Mailing Address MIAMI FL
22 Suite, Apt. #, etc. MIAMI FL	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip 33129	25 Country USA
29 Zip	30 Country

FILED

97 NOV -3 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/31/1994	3a. Date of Last Report 12/20/1996
4. FEI Number 65-0532141	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year <input checked="" type="checkbox"/> Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent

ROJAS, ROBERTO
2250 S.W. 3RD AVE.
THIRD FLOOR
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 300002339313-2
84 City -11/05/97-0168326-010 ****236.FL****236.25

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 *[Signature]* **ROBERTO ROSAS (Director)** 10/23/97
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZARAGOZI, JORGE	
STREET ADDRESS	% 548 PAYNE DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HERRERA, BILL	
STREET ADDRESS	% 548 PAYNE DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BORGES, DOUGLAS	
STREET ADDRESS	% 548 PAYNE DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOSQUE, RAUL	
STREET ADDRESS	% 548 PAYNE DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BALLESTER, EDDIW	
STREET ADDRESS	% 548 PAYNE DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NOCHEA, JOSE	
STREET ADDRESS	% 548 PAYNE DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERTO ROJAS	
1.3 STREET ADDRESS	2250 SW 3 AVE	
1.4 CITY-ST-ZIP	MIAMI, FL 33129	
2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JERRY CHAPETIN	
2.3 STREET ADDRESS	2250 SW 3 AVE	
2.4 CITY-ST-ZIP	MIAMI, FL 33129	
3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ORLANDO BORGES	
3.3 STREET ADDRESS	2250 SW 3 AVE	
3.4 CITY-ST-ZIP	MIAMI, FL 33129	
4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GEO ULLOA	
4.3 STREET ADDRESS	2250 SW 3 AVE	
4.4 CITY-ST-ZIP	MIAMI, FL 33129	
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOSE NOCHEA	
5.3 STREET ADDRESS	2250 SW 3 AVE	
5.4 CITY-ST-ZIP	MIAMI, FL 33129	
6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	EDDY BALLESTER	
6.3 STREET ADDRESS	2250 SW 3 AVE	
6.4 CITY-ST-ZIP	MIAMI, FL 33129	

14. 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 attachment with an address.

SIGNATURE *[Signature]* **ROBERTO ROSAS** 10/23/97
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CP2E037 (4/97)