

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90113 038 ****61.25

0029268

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004288

1. Corporation Name
HISPANIC AMERICAN FIREFIGHTERS ASSOCIATION, INC.

Principal Place of Business

2250 SW 3 AVE.
MIAMI FL 33129
US

Mailing Address

2250 SW 3 AVENUE
THIRD FLOOR
MIAMI FL 33129
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/31/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0532141

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [] DELETE
NAME ROJAS, ROBERTO
STREET ADDRESS 2250 SW 3 AVE.
CITY-ST-ZIP MIAMI FL 33129

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME CHAPELIN, JERRY
STREET ADDRESS 2250 SW 3 AVE.
CITY-ST-ZIP MIAMI FL 33129

2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME BORGES, ORLANDO
STREET ADDRESS 2250 SW 3 AVE.
CITY-ST-ZIP MIAMI FL 33129

3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME ULLOA, GEO
STREET ADDRESS 2250 SW 3 AVE.
CITY-ST-ZIP MIAMI FL 33129

4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME NOCHETA, JOSE
STREET ADDRESS 2250 SW 3 AVE.
CITY-ST-ZIP MIAMI FL 33129

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME BALLESTER, EDDY
STREET ADDRESS 2250 SW 3 AVE.
CITY-ST-ZIP MIAMI FL 33129

6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: [Signature] ROBERTO ROJAS 2/7/99 305.856.6868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)