

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 749547 (6)

1. Corporation Name

HISPANIC POLICE OFFICERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% GERARDO A. REMY, JR.  
2701 S BAYSHORE DR #310  
MIAMI FL 33133

% GERARDO A. REMY, JR.  
2701 S BAYSHORE DR #310  
MIAMI FL 33133

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/29/1979

3a. Date of Last Report

11/27/1995

4. FEI Number

59-2350347

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

REMY, GERARDO A., JR., ESQ.  
2701 S BAYSHORE DRIVE  
#310  
MIAMI FL 33133

81 Name

Carlos Garcia, Esq.

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

501 N.E. First Ave.

83

Second Floor

84 City

Miami

FL

85 Zip Code  
33132

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

TITLE

PD  
DUARTE, GUSTAVO

☐ DELETE

NAME

7311 NW 12TH STREET #29  
MIAMI FL 33126

STREET ADDRESS

CITY - ST - ZIP

TITLE

VPD

BAZO, LUIS G.

☐ DELETE

NAME

7311 NW 12TH STREET #29  
MIAMI FL 33126

STREET ADDRESS

CITY - ST - ZIP

TITLE

VPD

DELGADO, JOSE

☐ DELETE

NAME

7311 NW 12TH STREET #29  
MIAMI FL 33126

STREET ADDRESS

CITY - ST - ZIP

TITLE

SD

ODIO, JUAN

☐ DELETE

NAME

7311 NW 12TH STREET #29  
MIAMI FL 33126

STREET ADDRESS

CITY - ST - ZIP

TITLE

TD

HERRERA, MIGUEL

☐ DELETE

NAME

7311 NW 12TH STREET #29  
MIAMI FL 33126

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gustavo Duarte 3/26/96 (305) 471-1738

Date

Daytime Phone #

CR2E037 (12/95)