

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE	
07-1999		Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 749547		300002905153--6 -06/15/99--01060--021 ****367.50 ****367.50	
1. Corporation Name HISPANIC POLICE OFFICERS ASSO.		REINSTATEMENT 07-99	
Principal Place of Business 1414 N.W. 107 AVE. Suite 315 MIAMI, FL. 33172		Mailing Address	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21. SAME	26. SAME	1980	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	
22. 315	27.	59-2350347	
City & State	City & State	Applied For	
23. MIAMI, FL.	28.	Not Applicable	
Zip	Country	5. Certificate of Status Desired	
24.	29.	X	
25.	30.	\$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution	
		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	
		85. Zip Code	
		MARK SEIDEN	
		777 BRICKELL AVE. Suite 100	
		MIAMI FL 33131	
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		28 MAY 99	
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	PRESIDENT	11. TITLE	D PRESIDENT
NAME	JUAN ORO	12. NAME	JUAN ORO
STREET ADDRESS	1414 N.W. 107 AVE # 315	13. STREET ADDRESS	1414 N.W. 107 AVE # 315
CITY-ST-ZIP	MIAMI, FL. 33172	14. CITY-ST-ZIP	MIAMI, FL. 33172
TITLE	1ST. VICE PRESIDENT	21. TITLE	D 1ST. VICE PRESIDENT
NAME	JULIO PADRON	22. NAME	JULIO PADRON
STREET ADDRESS	1414 N.W. 107 AVE # 315	23. STREET ADDRESS	1414 N.W. 107 AVE # 315
CITY-ST-ZIP	MIAMI, FL. 33172	24. CITY-ST-ZIP	MIAMI, FL. 33172
TITLE	2ND VICE PRESIDENT	31. TITLE	D 2ND VICE PRESIDENT
NAME	LUIS BAZO	32. NAME	LUIS BAZO
STREET ADDRESS	1414 N.W. 107 AVE # 315	33. STREET ADDRESS	1414 N.W. 107 AVE # 315
CITY-ST-ZIP	MIAMI, FL. 33172	34. CITY-ST-ZIP	MIAMI, FL. 33172
TITLE	SECRETARY	41. TITLE	
NAME	ED GALLAGHER	42. NAME	
STREET ADDRESS	1414 N.W. 107 AVE # 315	43. STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33172	44. CITY-ST-ZIP	
TITLE	SGT. AT ARMS.	51. TITLE	
NAME	LUIS RUBIO	52. NAME	
STREET ADDRESS	1414 N.W. 107 AVE # 315	53. STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33172	54. CITY-ST-ZIP	
TITLE		61. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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: JULIO PADRON 03/22/99 (305) 471-2392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)