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APPROVED AND FILED

APR 26 1995

CORPORATION ANNUAL REPORT 1995



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

1995 APR 26 AM 10:17

DOCUMENT # N47567 (5)

FLORIDA HISPANIC AMERICAN LAW ENFORCEMENT ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1995 APR 26
SECRETARY
TALLAHASSEE

Principal Place of Business: P.O. BOX 592604, ORLANDO FL 32859-2684
Mailing Address: P.O. BOX 592604, ORLANDO FL 32859-2684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/26/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3106751	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 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	

21. Principal Place of Business	22. Mailing Address
23. City & State N A	24. City & State N A
25. Zip	26. Country

9. Name and Address of Current Registered Agent
**MELENDEZ, JUAN
1002 GOULD PLACE
OVIEDO FL 32765**

10. Name and Address of New Registered Agent

81. Name JOSE R. RIVERA
82. Street Address (P.O. Box Number is Not Acceptable) 4150 MAU MAU LANE
83. City ORLANDO
84. State FL
85. Zip Code 32822

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: *Jose R. Rivera* **JOSE R. RIVERA** DATE: **04-14-95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE P	MELENDEZ, JUAN 1002 GOULD PLACE OVIEDO FL
TITLE VP/D	GONZALEZ, JAIME 2915 STONE ST OVIEDO FL
TITLE S/D	VELAZQUEZ, DIANNE 7802 TOUCAN DR ORLANDO FL
TITLE T	APONTE, JUAN 6836 SAWMILL BLVD ORLANDO FL
TITLE D	SOTO, OSCAR 1963 AMERICANA BLVD #6-M ORLANDO FL
TITLE D	RODRIGUEZ, REINALDO 12500 HYANIS CT ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME RIVERA, JOSE R.	
13. STREET ADDRESS 4150 MAU MAU LANE	
14. CITY - ST - ZIP ORLANDO, FLORIDA 32822	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	100001466991
23. STREET ADDRESS	-04/27/95--01072--001
24. CITY - ST - ZIP	****138.75 ****138.75
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME MELENDEZ, JUAN	
43. STREET ADDRESS 1002 GOULD PLACE	
44. CITY - ST - ZIP OVIEDO, FL	
51. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	VACANT
63. STREET ADDRESS	
64. CITY - ST - ZIP	VACANT

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: **JOSE R. RIVERA - President** *Jose R. Rivera* DATE: **03-13-95** (407) 384-7832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR