

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 # **N47567** (5)

1. Corporation Name

FLORIDA HISPANIC AMERICAN LAW ENFORCEMENT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 592884
ORLANDO FL 32859-2884

P.O. BOX 592884
ORLANDO FL 32859-2884

3. Date Incorporated or Qualified: **02/26/1992**
3a. Date of Last Report: **04/26/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-3106751	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIVERA, JOSE R
4150 MAU MAU LANE
ORLANDO FL 32822**

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	DP <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, JOSE R	12 NAME	
STREET ADDRESS	4150 MAU MAU LANE	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	14 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	21 TITLE	3D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELAZQUEZ, DIANNE	22 NAME	ROUL GONZALEZ
STREET ADDRESS	7802 TOUCAN DR	23 STREET ADDRESS	718 ADIRONDACK AVENUE
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	ORLANDO, FLORIDA 32807
TITLE	DT <input checked="" type="checkbox"/> DELETE	31 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELENDEZ, JUAN	32 NAME	HERNANDEZ, ROLAND N/A
STREET ADDRESS	1002 GOULD PLACE	33 STREET ADDRESS	P.O. BOX 616167
CITY-ST-ZIP	OVIEDO FL	34 CITY-ST-ZIP	ORLANDO, FL 32861-6167
TITLE	VD <input checked="" type="checkbox"/> DELETE	41 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JAIME	42 NAME	NEGRON, RICHARD N/A
STREET ADDRESS	7802 TOUCAN DR	43 STREET ADDRESS	P.O. BOX 1440
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	ORLANDO, FLORIDA 32802-1440
TITLE	<input type="checkbox"/> DELETE	51 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	ROJAS, RAMON
STREET ADDRESS		53 STREET ADDRESS	3000 GRANADA BLVD
CITY-ST-ZIP		54 CITY-ST-ZIP	KISSIMMEE, FLORIDA 34746
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: *Jose R. Rivera* **Jose R. Rivera** 04-09-96 (407) 384-7832
Date Daytime Phone #

CR2E037 (12/95)