

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 6/9/96: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO PENALTY: \$255)**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 19 AM 11:37

DOCUMENT # N93000004507 (0)

1. Corporation Name

**HISPANIC ASSOCIATION OF CORRECTIONAL OFFICERS IN
C.**

Principal Place of Business

Mailing Address

THE LAW OFFICE OF PETER A BARONE
5403 NW 199TH TERR
MIAMI FL 33055

P.O. BOX 440395
MIAMI FL 33144-0395

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/06/1993	3a. Date of Last Report 08/01/1994
4. FEI Number APPLIED FOR 65-0444305	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199 (1992) Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARONE, PETER A
5403 NW 199 TERR
MIAMI FL 33055

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	ALADRO, MANUEL
STREET ADDRESS	10804 SW 142 PLACE
CITY - ST - ZIP	MIAMI FL 33186
TITLE	VD
NAME	NIEVES, EDGAR
STREET ADDRESS	12345 SW 110 S CANAL ST RD
CITY - ST - ZIP	MIAMI FL 33186
TITLE	VD
NAME	PENA, EDDY
STREET ADDRESS	2520 SW 69 AVE
CITY - ST - ZIP	MIAMI FL 33155
TITLE	SD
NAME	LANTES, MERICIE
STREET ADDRESS	2450 SW 7TH AVE
CITY - ST - ZIP	MIAMI FL 33129
TITLE	D
NAME	ALVAREZ, EDDIE
STREET ADDRESS	19705 NW 48 CT
CITY - ST - ZIP	CAROL CITY FL 33055
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	DIRECTOR	☐ Change ☒ Addition
12 NAME	MANUEL FERNANDEZ	
13 STREET ADDRESS	13350 SW 78 STREET	
14 CITY - ST - ZIP	MIAMI, FL 33183	
21 TITLE	DIRECTOR	☐ Change ☒ Addition
22 NAME	ALEXANDER MARTINEZ	
23 STREET ADDRESS	18314 N.W. 68 AVE.	
24 CITY - ST - ZIP	MIAMI, FL 33016	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☒ Change ☐ Addition
52 NAME	ALVAREZ EDDIE	
53 STREET ADDRESS	RESIGNED, PLEASE REMOVE FROM	
54 CITY - ST - ZIP	CORPORATION DOCUMENT. SEE THIS VP	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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:

Manuel Aladro PD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/95 388-0692
DATE (Type in Full)