FILE NOW: FILING FEE IS $61.25

FILED
Aug 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N93000004507 (0)

1. Corporation Name
HISPANIC ASSOCIATION OF CORRECTIONAL OFFICERS, INC. (H.A.C.O., Inc.)

500002266295
-08/13/97--01098--027
*****61.25

AMENDED

Principal Place of Business
LAW OFFICE OF ARTURO ALFONSO
3050 BISCAYNE BLVD SUITE 707
MIAMI FL 33137
U.S.A.

Mailing Address
P.O. BOX 440395
MIAMI, FL 33144

3. Date Incorporated or Qualified: 10/06/1993
3a. Date of Last Report: 4/19/96 & 3/19/97

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 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

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

9. Name and Address of Current Registered Agent

NIEVES, EDGAR
12334 S.W. 110 S. CANAL ST. RD.
MIAMI FL 33186

10. Name and Address of New Registered Agent

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 _____ DATE
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALADRO, MANUEL 10804 SW 142 PL MIAMI FL 33186	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D NIEVES, EDGAR 12334 S.W. 110 S. CANAL ST. RD. MIAMI FL 33186	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D NIEVES, EDGAR 12345 SW 110 S. CANAL ST. RD. MIAMI FL 33186	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V/D BENITEZ, EFRAIN PO BOX 440006 N/A MIAMI FL 33144	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D MALLOW, JEFFREY 6965 W. 3 AVE HIALEAH FL 33014	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V/D MORALES, ALFONSO 14554 SW 97 ST. MIAMI FL 33186	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D LANTES, MERICIE 2450 SW 7 AVE MIAMI FL 33129	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S/D FERNANDEZ, LEONARDO 10130 S.W. 145 PLACE MIAMI FL 33186	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERNANDEZ, MANUEL 13350 SW 78 ST. MIAMI. FL	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	T/D D'COSTA, ADYS 10411 S.W. 108 AVE. #153 MIAMI FL 33176	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SGT/D MARTINEZ, ALEXANDER 18916 BOB-O-LINK DR HIALEAH FL	☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D TABOADA, VICENTE 1463 N.W. 55 ST. MIAMI FL 33142	☐ Change ☑ Addition PE 8-8

CR2E037 (9/96)

14. I do 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.

SIGNATURE: X _____ 8/05/97 (305)279-1860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

Continuation of Column #13
"ADDITION OF OFFICERS and DIRECTORS"

#7. D
BEMBRY, ORLANDO
1601 N.W. 52 ST.
miAmi FL 33142

☑ ADDITION