


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N93060004507</u> 1. Corporation Name Hispanic Association of Correctional Officers, Inc.					
Principal Place of Business 18916 Bob-O-Link Drive Hialeah, Florida 33015			Mailing Address		
2. Principal Place of Business 21 18916 Bob-O-Link Drive		2a. Mailing Address 26 Same as 21		3. Date Incorporated or Qualified 10-06-93	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0444305	
City & State 23 Miami, Florida		City & State 28 Same as 23		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33015	Country 25 USA	Zip 29 33015	Country 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent Edgar Nieves 12345 S.W. 10th South Canal Street Road Miami, Florida 33186				10. Name and Address of New Registered Agent	
				81 Name Alexander Martinez	
				82 Street Address (P.O. Box Number is Not Acceptable) 18916 Bob-O-Link Drive	
				83	
				84 City Hialeah	
				85 Zip Code FL 33015	
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 <u>[Signature]</u> 2/20/98 (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> DELETE Edgar Nieves 12345 S.W. 10th South Canal				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Street Road <input type="checkbox"/> DELETE Miami, Florida 33186				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec / DIRECTOR <input checked="" type="checkbox"/> DELETE LEONARDO FERNANDEZ 12345 S.W. 10TH SOUTH CANAL STREET RD MIAMI FL 33186				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President					
1.2 NAME Alexander Martinez					
1.3 STREET ADDRESS 18916 Bob-O-Link Drive					
1.4 CITY-ST-ZIP Hialeah, Florida 33015					
2.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director					
2.2 NAME Jorge Fuentes					
2.3 STREET ADDRESS 18916 Bob-O-Link Drive					
2.4 CITY-ST-ZIP Hialeah, Florida 33015					
3.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR					
3.2 NAME RAFAEL NEGRON					
3.3 STREET ADDRESS 8267 N.W. 192 TERR					
3.4 CITY-ST-ZIP MIAMI, FL 33015					
4.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MANUEL ALADRO VICE PRESIDENT					
4.2 NAME MARY LANTES					
4.3 STREET ADDRESS 13370 S.W. 131 ST., Suite 103					
4.4 CITY-ST-ZIP MIAMI FL 33186					
5.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR					
5.2 NAME MANUEL ALADRO					
5.3 STREET ADDRESS 13370 S.W. 131 ST., Suite 103					
5.4 CITY-ST-ZIP MIAMI, FL 33186					
6.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR					
6.2 NAME JEFF MALLON					
6.3 STREET ADDRESS 13370 S.W. 131 ST., Suite 103					
6.4 CITY-ST-ZIP MIAMI, FL 33186					
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <u>[Signature]</u> 2/20/98 305-270-4366					

NON-PROFIT

DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)