

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

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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 # **N93000004507**  
1. Corporation Name: **Hispanic Association of Correctional Officers, Inc.**

Principal Place of Business: **18916 Bob-O-Link Drive, Hialeah, Florida 33015**

**NON-PROFIT**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **18916 Bob-O-Link Drive**  
2a. Mailing Address: **Same as 21**  
22. City & State: **Miami, Florida**  
28. City & State: **Same as 23**  
24. Zip: **33015**, 25. Country: **USA**  
29. Zip: **33015**, 30. Country: **USA**

3. Date Incorporated or Qualified: **10-06-93**  
4. FEI Number: **65-0444305**  
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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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**  
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: *[Signature]* DATE: **2/20/98**

12. OFFICERS AND DIRECTORS

TITLE	President	<input checked="" type="checkbox"/> DELETE
NAME	Edgar Nieves	
STREET ADDRESS	12345 S.W. 10th South Canal	
CITY-ST-ZIP	Miami, Florida 33186	
TITLE	Street Road	<input type="checkbox"/> DELETE
NAME	Miami, Florida 33186	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sec / DIRECTOR	<input checked="" type="checkbox"/> DELETE
NAME	LEONARDO FERNANDEZ	
STREET ADDRESS	12345 S.W. 10TH SOUTH CANAL STREET RD	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	MANAGER VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JEFF MAYER	
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, on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3/20/98** 305-270-4366

CR2E034 (10/97)