

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90024 042 ****61.25

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1. Corporation Name

HISPANIC ASSOCIATION OF CORRECTIONAL OFFICERS IN
C.

Principal Place of Business

18916 BOB-O-LINK DRIVE
MIAMI FL 33015
US

Mailing Address

18916 BOB-O-LINK DRIVE
MIAMI FL 33015
US



2. Principal Place of Business

21 13370 SW. 131 STREET

Suite, Apt. #, etc.

22 103

City & State

23 MIAMI, FL

Zip

24 33186

Country

25 USA

2a. Mailing Address

26 13370 SW 131 STREET

Suite, Apt. #, etc.

27 103

City & State

28 MIAMI

Zip

29 33186

Country

30 USA

3. Date Incorporated or Qualified

10/06/1993

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

9. Name and Address of Current Registered Agent

MARTINEZ, ALEXANDER
18916 BOB-O-LINK DRIVE
HIALEAH FL 33015

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

13370 SW 131 STREET SUITE 103

83

84 City MIAMI

FL

85 Zip Code 33186

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

TITLE P ☒ DELETE

NAME MARTINEZ, ALEXANDER
STREET ADDRESS 18916 BOB-O-LINK DRIVE
CITY-ST-ZIP MIAMI FL 33015

TITLE D ☒ DELETE

NAME FUENTES, JORGE
STREET ADDRESS 18916 BOB-O-LINK DRIVE
CITY-ST-ZIP MIAMI FL 33015

TITLE D ☒ DELETE

NAME NEGRON, RAFAEL
STREET ADDRESS 8267 N.W. 192 TERR.
CITY-ST-ZIP MIAMI FL 33015

TITLE VP ☐ DELETE

NAME LANTES, MARY
STREET ADDRESS 13370 S.W. 131 ST.
CITY-ST-ZIP MIAMI FL 33186

TITLE D ☐ DELETE

NAME ALADRO, MANUEL
STREET ADDRESS 13370 S.W. 131ST., SUITE 103
CITY-ST-ZIP MIAMI FL 33186

TITLE D ☐ DELETE

NAME MALLOW, JEFF
STREET ADDRESS 13370 S.W. 131ST., SUITE 103
CITY-ST-ZIP MIAMI FL 33186

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME ALEXANDER MARTINEZ
1.3 STREET ADDRESS 13370 SW 131 STREET SUITE 103
1.4 CITY-ST-ZIP MIAMI, FL 33186

2.1 TITLE DIRECTOR ☒ Change ☐ Addition

2.2 NAME ROBERT GARCIA
2.3 STREET ADDRESS 13370 SW. 131 ST SUITE 103
2.4 CITY-ST-ZIP MIAMI, FL 33186

3.1 TITLE 2ND VICE PRESIDENT ☒ Change ☐ Addition

3.2 NAME RAFAEL NEGRON
3.3 STREET ADDRESS 13370 SW. 131ST SUITE 103
3.4 CITY-ST-ZIP MIAMI, FL 33186

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/99

Date

305-969-7335

Daytime Phone #

CR2E037 (1/98)