

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90036 006 ***150.00

0029309

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 727668

1. Corporation Name

LITTLE HAVANA ACTIVITIES & NUTRITION CENTERS OF DADE COUNTY, INC.

Principal Place of Business

700 S.W. 8TH ST.
 MIAMI FL 33130

Mailing Address

700 S.W. 8TH ST.
 MIAMI FL 33130



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/06/1973

4. FEI Number

23-7378008

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

CARBONELL, JOSEFINA
 700 S.W. 8TH ST.
 MIAMI FL 33130

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

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 DELETE
 NAME **CD BURGOS, MODESTO**
 STREET ADDRESS **700 SW 8TH ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE DELETE
 NAME **VCD ALEMANY, MARGARITA**
 STREET ADDRESS **700 SW 8TH ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE DELETE
 NAME **SD TORRES, ORLANDO F**
 STREET ADDRESS **700 SW 8TH STREET**
 CITY-ST-ZIP **MIAMI FL**

TITLE DELETE
 NAME **VSD BORGES, LUIS M**
 STREET ADDRESS **700 SW 8TH ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE DELETE
 NAME **TD MARRERO, MANUEL**
 STREET ADDRESS **700 S.W. 8TH STREET**
 CITY-ST-ZIP **MIAMI FL**

TITLE DELETE
 NAME **P CARBONELL, JOSEFINA**
 STREET ADDRESS **700 SW 8th ST**
 CITY-ST-ZIP **MIAMI, FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME **CD TORRES, ORLANDO F.**
 1.3 STREET ADDRESS **700 SW 8th ST**
 1.4 CITY-ST-ZIP **MIAMI, FL**

2.1 TITLE Change Addition
 2.2 NAME **VCD PEREIRA, SERGIO**
 2.3 STREET ADDRESS **700 SW 8th ST**
 2.4 CITY-ST-ZIP **MIAMI, FL**

3.1 TITLE Change Addition
 3.2 NAME **SD MARRERO, MANUEL**
 3.3 STREET ADDRESS **700 SW 8th ST**
 3.4 CITY-ST-ZIP **MIAMI, FL**

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 **TD SABATER, CARLOS A.**
 5.3 STREET ADDRESS **700 SW 8th ST**
 5.4 CITY-ST-ZIP **MIAMI, FL**

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:

Josefina Carbonell, President
SIGNATURE REQUIRED

1-22-99

(305-858-0887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)