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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 # **N95000003199**  
1. Corporation Name  
**East Little Havana Neighborhood Governing Board, Inc.**

Principal Place of Business: **1401 S.W. 1st Street, Miami, FL 33135**  
Mailing Address: **1701 N.W. 30 Avenue, Miami, FL 33125**

**900002266309**  
-08/13/97--01098--032  
\*\*\*70.00

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	1401 S.W. 1st Street	26	1401 S.W. 1st Street	06/30/1995	04/30/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 Suite 111		27 Suite 111		65-0633293	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Miami, FL		28 Miami, FL		<input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33135	25 U.S.A.	29 33135	30 U.S.A.	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Juan Gomez 2801 Ponce De Leon Blvd. Suite 810 Coral Gables, FL 33134				80 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
				10. Name and Address of New Registered Agent	
				81 Name Angelica Andino	
				82 Street Address (P.O. Box Number is Not Acceptable) 501 S.W. 1st Street, #606	
		83			
		84 Miami, FL		85 33130	

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: *Angelica Andino* Angelica Andino, President  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pablo Canton	1.2 NAME	Angelica Andino
STREET ADDRESS	1475 S.W. 8th Street	1.3 STREET ADDRESS	501 N.W. 1st Street, #606
CITY-ST-ZIP	Miami, FL 33135	1.4 CITY-ST-ZIP	Miami, FL 33130
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Magaly Marrero	2.2 NAME	Lorena Moncada
STREET ADDRESS	400 N.W. 2nd Avenue	2.3 STREET ADDRESS	932 N.W. 5th Street, #1
CITY-ST-ZIP	Miami, FL 33128	2.4 CITY-ST-ZIP	Miami, FL 33128
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	James J. Mooney
STREET ADDRESS		3.3 STREET ADDRESS	1701 N.W. 30th Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33125
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Lesbia Gomez
STREET ADDRESS		4.3 STREET ADDRESS	821 N.W. 3rd Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33128
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Maria Alonso-Martinez
STREET ADDRESS		5.3 STREET ADDRESS	4175 West 20th Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Hialeah, FL 33012
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Dr. Fred C. Rogers
STREET ADDRESS		6.3 STREET ADDRESS	1500 Biscayne Blvd., Suite 128
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL 33132

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: *Angelica Andino* Angelica Andino, President 876-0923  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)