

FILE NOW: FILING FEE IS \$61.25

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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005166 (1)
1. Corporation Name
WEST LITTLE HAVANA ACTION GROUP, INC.



Principal Place of Business 2000 NW 8TH TERR MIAMI FL 33125	Mailing Address 2000 NW 8TH TERR MIAMI FL 33125
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3. Date Incorporated or Qualified 10/04/1996	Applied For Not Applicable
4. FEI Number 65-0704160	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BUSTAMANTE, LAURA
800 NW 19TH CT
MIAMI FL 33125

10. Name and Address of New Registered Agent
81 Name: FLOR MORALES
82 Street Address (P.O. Box Number is Not Acceptable):
83 2000 NW 8 Terr
84 City: MIAMI FL 85 Zip Code: 33125

11. Pursuant to the provisions of Section 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, as set forth 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]* FLOR MORALES DATE: 2/27/98

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input checked="" type="checkbox"/>
NAME	MORALES, JESUS E	
STREET ADDRESS	2000 NW 8TH TERR	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	BUSTAMANTE, LAURA	
STREET ADDRESS	800 NW 19TH CT	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	VD	<input type="checkbox"/>
NAME	MORALES, FLOR	
STREET ADDRESS	2000 NW 8TH TERR	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	SD	<input type="checkbox"/>
NAME	CONCEPCION, NOEMI	
STREET ADDRESS	831 NW 18 PL	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	TD	<input type="checkbox"/>
NAME	CHAPLE, ROLANDO	
STREET ADDRESS	871 NW 20TH CT	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 employed 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: *[Signature]*

CFR2E037 (10/97)