

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>2000 NW 8TH TERR MIAMI FL 33125</b>	Mailing Address <b>2000 NW 8TH TERR MIAMI FL 33125</b>
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3. Date Incorporated or Qualified <b>10/04/1996</b>	
4. FEI Number <b>65-0704160</b>	Applied For <input type="checkbox"/> Not Applicable

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