

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northon
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P93000080401 (1)

95 AUG -4 AM 10: 23

1. Corporation Name

LITTLE HAVANA U.S.A., INC.

Principal Place of Business

Mailing Address

~~2151 LE JEUNE RD.
SUITE 310
CORAL GABLES FL 33134~~

~~2151 LE JEUNE RD.
SUITE 310
CORAL GABLES FL 33134~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/22/1993

3a. Date of Last Report
02/23/1994

4. FEI Number
~~APPLICABLE FOR~~ **65-0466232**

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**

8. This corporation has liability for intangible tax under S. 199.039
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 **2235 S.W. 8th St.**

26 **2235 S.W. 8th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Miami, Fl.**

27 City & State

28 **Miami, Fl.**

24 Zip

25 **33135**

Country

25 **U.S.**

29 Zip

29 **33135**

Country

30 **U.S.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SOTO, OSVALDO N
2151 LE JEUNE RD.
SUITE 310
CORAL GABLES FL 33134~~

81 Name **Inaki Saizarbitoria**

82 Street Address (P.O. Box Number is Not Acceptable)
2235 S.W. 8th St.

83

84 City **Miami**

FL

85 Zip **33135**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Inaki Saizarbitoria

Inaki Saizarbitoria

1-10-95

(Signature must be printed in the space provided for registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	SOTO, OSVALDO N
STREET ADDRESS	2151 LE JEUNE RD., SUITE 310
CITY - ST - ZIP	CORAL GABLES FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Julio Gonzalez-Rebull	
13 STREET ADDRESS	2600 LeJeune Road Suite 500	
14 CITY - ST - ZIP	Coral Gables, Fl.	
21 TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Juan Saizarbitoria	
23 STREET ADDRESS	2235 S.W. 8th Street	
24 CITY - ST - ZIP	Miami, Fl. 33135	
31 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Inaki Saizarbitoria	
33 STREET ADDRESS	2235 S.W. 8th St.	
34 CITY - ST - ZIP	Miami, Fl. 33135	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 hereon, or on an attachment with an address

SIGNATURE:

Inaki Saizarbitoria

Inaki Saizarbitoria D/S

1-10-95 (305)

643-9606