

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000080401 (1)

1. Corporation Name

LITTLE HAVANA U.S.A., INC.

Principal Place of Business

Mailing Address

2235 S. W. 8th St.  
Miami, Fl. 33135

2235 S.W. 8th Street  
Miami, Fl. 33135

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

INAKI SAIZARBITORIA, ESQ.  
2235 S.W. 8th St.  
Miami, Fl.

4. FEI Number

65-0466232

Date of Last Report

1/10/95

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. This corporation has liability for intangible tax under s. 199.032 Florida Statutes

Yes  No

10. Name and Address of New Registered Agent

81 Name SAME  
82 Street Address (P.O. Box Number is Not Acceptable) 1492 S. Miami Ave.  
83 Suite 203  
84 City Miami, Fl. FL 85 Zip Code 33130

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 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 607.0503, Florida Statutes.

SIGNATURE

*Inaki Saizarbitoria* Inaki Saizarbitoria

4/29/96

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	D/P
NAME	JULIO GONZALEZ-REBULL
STREET ADDRESS	2600 Le Jeune Road Suite 500
CITY-ST-ZIP	Coral Gables, Fl.
TITLE	D/VP
NAME	JUAN SAIZARBITORIA
STREET ADDRESS	2235 S.W. 8th Street
CITY-ST-ZIP	Miami, Fl. 33135
TITLE	D/S
NAME	INAKI SAIZARBITORIA
STREET ADDRESS	1492 S. Miami Ave. Suite 203
CITY-ST-ZIP	Miami, Fl. 33130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. OFFICERS AND DIRECTORS	<input type="checkbox"/> Change <input type="checkbox"/> A
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A
4.2 NAME	
4.3 STREET ADDRESS	600001810666
4.4 CITY-ST-ZIP	-05/07/96-01025-029
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A
5.2 NAME	***200.00
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 if changed, or on an attachment with an address.

SIGNATURE:

*Inaki Saizarbitoria*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
INAKI SAIZARBITORIA, Secretary

4/29/96

Date

(305) 530-0007

Daytime Phone #