

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 1:55

DOCUMENT # 735340 (2)

1. Corporation Name

LITTLE HAVANA DEVELOPMENT AUTHORITY, INC.

Principal Place of Business

970 SW 1ST ST.
STE 408
MIAMI FL 33130
US

Mailing Address

970 S.W. 1 STREET
#408
MIAMI FL 33130
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1976

3a. Date of Last Report

02/23/1994

4. FEI Number

59-1874688

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 SAME

2a. Mailing Address

25 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

SABINES, LUIS
1417 W. FLAGLER STREET
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

SABINES, LUIS

STREET ADDRESS

1417 W. FLAGLER ST.

CITY-ST-ZIP

MIAMI FL

TITLE

VTD

NAME

CASTRO-MOLLEDA, WALDO

STREET ADDRESS

1417 W FLAGLER STR

CITY-ST-ZIP

MIAMI FL

TITLE

SD

NAME

CALLEJA, RAFAEL

STREET ADDRESS

8426 S.W. 143 AVE.

CITY-ST-ZIP

MIAMI FL

TITLE

VD

NAME

ALEXANDER, WILLIAM

STREET ADDRESS

13601 S.W. 103 AVE.

CITY-ST-ZIP

MIAMI FL

TITLE

TD

NAME

NARANJO, ORLANDO

STREET ADDRESS

1650 SW 17 ST

CITY-ST-ZIP

MIAMI FL

TITLE

VSD

NAME

ANDERSSON, CARL

STREET ADDRESS

1902 SW 8 STR

CITY-ST-ZIP

MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

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 11D.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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Luis Sabines
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LUIS SABINES, President

Date

Daytime Filing #

(305)324-8127 #70

0006862