

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 735340 (2)

1. Corporation Name

LITTLE HAVANA DEVELOPMENT AUTHORITY, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

03/16/1976

3a. Date of Last Report

02/01/1995

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**

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

☒ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SABINES, LUIS
1417 W. FLAGLER STREET
MIAMI FL 33135**

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 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, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **SABINES, LUIS**
STREET ADDRESS **1417 W. FLAGLER ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE **VTD** ☐ DELETE

NAME **CASTRO-MOLLEDA, WALDO**
STREET ADDRESS **1417 W FLAGLER STR**
CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☐ DELETE

NAME **CALLEJA, RAFAEL**
STREET ADDRESS **8426 S.W. 143 AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ DELETE

NAME **ALEXANDER, WILLIAM**
STREET ADDRESS **13601 S.W. 103 AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☐ DELETE

NAME **NARANJO, ORLANDO**
STREET ADDRESS **1650 SW 17 ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **VSD** ☐ DELETE

NAME **ANDERSSON, CARL**
STREET ADDRESS **1902 SW 8 STR**
CITY-ST-ZIP **MIAMI FL**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-324-8127

CR2E037 (12/95)