Statil, Agt, R., etc.         Surface, Agt, R., etc.         Surface, Agt, R., etc.         S. Certificate of Status Desired         Status Period	NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>	Sandra Secre	ARTMENT OF STATE a B. Mortham tary of State 5 CORPORATIONS			
	CUMENT # 73534	0 (2)				
Control         Control <t< th=""><th>LITTLE HAVANA DEVELOPMENT</th><th>AUTHORITY, INC.</th><th></th><th></th><th></th><th></th></t<>	LITTLE HAVANA DEVELOPMENT	AUTHORITY, INC.				
Bit Reg         Ards         List         Country         Sector         Country         Sector         Sector </th <th></th> <th>ů.</th> <th></th> <th></th> <th>F OUIT UTUTI UTUTI UTUTI UTUTI I</th> <th>UPUR SIUN UUU</th>		ů.			F OUIT UTUTI UTUTI UTUTI UTUTI I	UPUR SIUN UUU
Control         Contro <thcontrol< th=""> <thcontrol< th=""> <thco< th=""><th>408</th><th>#408 Miami FL 33130</th><th></th><th>3. Date Incorporated or Qualified</th><th>3a. Date of Last F</th><th>Report</th></thco<></thcontrol<></thcontrol<>	408	#408 Miami FL 33130		3. Date Incorporated or Qualified	3a. Date of Last F	Report
Image: state in the product set of Sections & 17 0002 and \$17,1008, Ford& Statutes, the above nerved corporation submits the statement for the purpose of changing is anglated agent.         Image: state in the product set of the purpose of changing is anglated agent.         Image: state in the purpose of changing is anglated agent.         Image: state in the purpose of changing is anglated agent.         Image: state in the purpose of changing is anglated agent.         Image: state in the purpose of changing is anglated agent.         Image: state in the purpose of changing is anglated agent.         Image: state in the purpose of changing is anglated agent.         Image: state in the purpose of changing is anglated agent.         Image: state in the purpose of changing is anglated agent.         Image: state in the purpose of changing is anglated agent.         Image: state in the purpose of changing is anglated agent.         Image: state in the purpose of changing is anglated agent.         Image: state in the purpose of changing is anglated agent.         Image: state in the purpose of changing is anglated agent.         Image: state in the purpose of changing is anglated agent.         Image: state in the purpose of changing is anglated agent.         Image: state in the purpose of changing is anglated agent.         Image: state in the purpose of changing is anglated agent.         Image: state in the purpose of changing is anglated agent.         Image: state in the purpose of changing is anglated agent.         Image: state in the purpose of changing is anglated agent.         Image: state in the purpose of changing is anglated agent.         Image: state in the purpose of changing is anglated agent. <thimage: agent<="" anglated="" changing="" in="" is="" of="" purpose="" state="" th="" the=""><th>incipal Place of Business</th><th></th><th></th><th></th><th></th><th></th></thimage:>	incipal Place of Business					
27         Conty & State         6         Centratice of Status Desired         X         Fee Analysis           20         Clay & State         Clay & State         6         Election Comparing Francing         X         Status Desired         X         Status Desired         X         Added by Fees         Added by Fees         Added by Fees         X         The comparing francing         X         <	uite, Apt. #. etc.			59-1874688	N CO 7E	lot Applicable
Za         Country         Zp         Country         Split Output         Split Output<		27			Fee R	lequired
25     29     30     Fonds Statutes     1 Tree     Choice Statutes       9. Name and Address of Current Registered Agent     10. Name and Address of New Registered Xgent     10. Name and Address of New Registered Xgent       SABINES, LUIS     1417 W. FLAGLER STREET     12     12     Stroot Address (P.O. Box Number is Not Acceptable)       Pursuant to the provisions of Sectors 617 0502 and 617 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered of another with an englishered Agent accept the adjations of Sectors 617 0502 and 617 1508, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent. I an anatomic agent, or tools, its 100 000, Florida Statutes       Pursuant to the provisions of Sectors 617 0502 and 617 1508, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent. I an anatomic agent, or tools, florida Statutes       Pursuant to the provisions of Sectors 617 0502 and 617 1508, Florida Statutes     110. Page 1       Attivet     Change     Address (P.O. Box Number is Not Acceptable)       Pursuant to the provisions of Sectors 617 0502 and 617 1508, Florida Statutes     110     Change 1       Attivet     Change 1     Change 1     Change 1       Pursuant to the provisions of Sectors 617 0502 and 617 15008, Florida Statutes     110     Change 1       Attivet     Change 1     Change 1     Change 1       Statutes     Change 1     Change	-					
Source and Address of Current Registered Agent     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent     10. Name     10. Name and Address of New Registered Agent     10. Name				8. This corporation has liability for i Florida Statutes	intangible tax under s. 1 Yes VNo	199.032,
SABINES, LUIS       1117 W. FLAGLER STREET         MIAMI FL 33135       62         Pursuant to the provisions of Socions 617 0502 and 617 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered of or registered agent, or both, in the State of Florida Such change was authorized by the corporation submits this statement for the purpose of changing its registered of or registered agent, or both, in the State of Florida Statutes.         IATURE       0FFOCRS       13.         Corport State of PD       0FFOCRS AND DIRECTORS       13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         I 400FE       11111.E       11111.E       0hange       Additio         I 400FES       1417 W. FLAGLER ST.       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         I 400FES       1417 W. FLAGLER ST.       13.       Change       Additio         I 400FES       1417 W. FLAGLER ST.       13.       Change       Additio         I 400FES       1417 W. FLAGLER STR       23.       24.01Y-S1-2P       0hange       Additio         I 400FES       SDJ       0ELETE       11111.E       0hange       Additio         I 400FFS       24.01Y-S1-2P       0hange       Additio       24.01Y-S1-2P       0hange       Additio	9. Name and Address of Curre	ent Registered Agent	81 Name			
1417 W. FLAGLER STREET         MIAMI FL 33135         Pursuant to the provisions of Socions 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered of or registered agent, or both, in the State of Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Socion 617.0502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Socion 617.0503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Socion 617.0503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Socion 617.0503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Socion 617.0503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Socion 617.0503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Socion 617.0503, Florida Statutes, the above named corporation submits this statement for the purpose of change is a state familiar with available.         NTURE       PD       OFFICERS AND DIFECTORS       13       ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12         1400ress       1417 W. FLAGLER S	SABINES, LUIS			iress (P.O. Box Number is Not Acceptab	ie)	
Bel     City     City     FL     Es     Zip Code     Signatures     Signature     Signatures     Signature     Signatures	ATT W ELAGIED STREET					
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Of Pegsetere agent, in the state of Florida Submit Prane was submitted by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of registered agent a state of equations. For a state of registered agent is a state of equation of registered agent as registered agent and the comparison of the comportance of equations of registered agent. I am instant, and accept the obligations of registered agent and the comparison of the comportance of equations of registered agent. I am instant, and accept the obligations of registered agent and the comparison of the comportance of equations and obligations of the comparison of the compar					1	
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MIAMI FL         44 CITY-ST-2IP           TD         DELETE         5 1 TITLE         Change         Addition           NARANJO, ORLANDO         5 2 NAME         5 3 STREET ADDRESS         6 3 STREET ADDRESS         6 3 STREET ADDRESS           17-7IP         MIAMI FL         5.4 CITY-ST-2IP         Change         Addition           VSD         DELETE         6 1 TITLE         Change         Addition	MIAMI FL 33135 Pursuant to the provisions of Soctions 617.050 or registered agent, or both, in the State of Flor amiliar with, and accept the obligations of, Sec ATURE Signahre, based or printed name of registered ager OFFICERS AN OFFICERS AN PD SABINES, LUIS 1417 W. FLAGLER ST. MIAMI FL VTD CASTRO-MOLLEDA, WALDO 1417 W FLAGLER STR MIAMI FL SD CALLEJA, RAFAEL 8426 S.W. 143 AVE. MIAMI FL	Inda Such Change was authonz tion 617.0503, Florida Statutes nt and Ittle if applicable (NG ND DIRECTORS DELETE	B4         City           es, the above-named corporation's boals.         State of the corporation's boals.           DTE: Registered Agent signature require         13.           11 TITLE         12 NAME           13 STREET ADDRESS         14 City - ST - ZiP           21 TITLE         2 NAME           23 STREET ADDRESS         2 4 City - ST - ZiP           31 TITLE         3 STREET ADDRESS           2 4 City - ST - ZiP         3 1 TITLE           32 NAME         33 STREET ADDRESS           33 STREET ADDRESS         3.4 City - ST - ZiP	ard of directors. I hereby accept the appoint and the second second second second second second second second s	PL	gistered office agent. I am SS IN 12 Addition
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ADDRESS         1650 SW 17 ST         5.3 STREET ADDRESS           MIAMI FL         5.4 CITY-ST-2IP           VSD         DELETE         6.1 TITLE         Change         Addition	MIAMI FL 33135 Pursuant to the provisions of Soctions 617.050 or registered agent, or both, in the State of Flor amiliar with, and accept the obligations of, Sec ATURE Signahue, byted or panel name of registered agen OFFICERS AN OFFIC	Inda Such Change was authonz tion 617.0503, Florida Statutes nt and Ittle if applicable (NG ND DIRECTORS DELETE	B4         City           es, the above-named corporation's boals.         State of the corporation's boals.           37E: Registered Agent signature require         13.           11 TITLE         12 NAME           13 STREET ADDRESS         14 City-ST-ZiP           21 TITLE         2 NAME           23 STREET ADDRESS         2 4 City-ST-ZiP           31 TITLE         3 STREET ADDRESS           24 City-ST-ZiP         3 TITLE           32 NAME         3 STREET ADDRESS           34 City-ST-ZiP         3 TITLE           32 NAME         3 STREET ADDRESS           34. City-ST-ZiP         4.1 TITLE           4.2 NAME         4.3 STREET ADDRESS	ard of directors. I hereby accept the appoint and the second second second second second second second second s	PL	gistered office agent. I am SS IN 12 Addition
MIAMI FL         5.4 City - S1 - ZiP           VSD         DELETE         6.1 Title         Change         Addition	MIAMI FL 33135 Pursuant to the provisions of Soctions 617.050 or registered agent, or both, in the State of Flor amiliar with, and accept the obligations of, Sec ATURE Signature, by and or panel name of registered agen OFFICERS AN OFFICERS AN PD SABINES, LUIS 1417 W. FLAGLER ST. MIAMI FL VTD CASTRO-MOLLEDA, WALDO 1417 W FLAGLER STR MIAMI FL SD CALLEJA, RAFAEL ADDRESS 8426 S.W. 143 AVE. 1-ZIP VD ALEXANDER, WILLIAM 13601 S.W. 103 AVE. 1-ZP MIAMI FL	Inda Such Change was authonz stion 617.0503, Florida Statutes In and Itle if applicable (NO ND DIRECTORS DELETE DELETE DELETE DELETE	B4         City           es, the above-named corpored by the corporation's boals.         3.           DTE: Registered Agent senature require         13.           11 TITLE         12 NAME           13 STREET ADDRESS         14 City-ST-ZiP           21 TITLE         2 NAME           23 STREET ADDRESS         2 4 City-ST-ZiP           31 TITLE         3 STREET ADDRESS           2 4 City-ST-ZiP         3 1 TITLE           32 NAME         3 STREET ADDRESS           34 City-ST-ZiP         4.1 TITLE           4.2 NAME         4.3 STREET ADDRESS           3.4 City-ST-ZiP         4.1 TITLE           4.3 STREET ADDRESS         4.4 City-ST-ZiP	ard of directors. I hereby accept the appoint and the second second second second second second second second s	Change	gistered office agent. I am SS IN 12 Addition
VSD DELETE 6.1 TITLE Change Addition	MIAMI FL 33135 Pursuant to the provisions of Soctions 617.050 or registered agent, or both, in the State of Flor amiliar with, and accept the obligations of, Sec ATURE Signahue, by and or panel name of registered agen OFFICERS AN OFFI	Inda Such Change was authonz stion 617.0503, Florida Statutes In and Itle if applicable (NO ND DIRECTORS DELETE DELETE DELETE DELETE	B4         City           es, the above-named corpored by the corporation's boals.         3.           37E: Registered Agent senature require         13.           11 TITLE         12 NAME           13 STREET ADDRESS         14 City-ST-ZiP           21 TITLE         2 NAME           23 STREET ADDRESS         2 4 City-ST-ZiP           31 TITLE         3 STREET ADDRESS           2 A City-ST-ZiP         3.1 TITLE           3.2 NAME         3.3 STREET ADDRESS           3.4 City-ST-ZiP         4.1 TITLE           4.2 NAME         4.3 STREET ADDRESS           3.4. City-ST-ZiP         5.1 TITLE	ard of directors. I hereby accept the appoint and the second second second second second second second second s	Change	gistered office agent. I am SIN 12 Addition
	MIAMI FL 33135 Pursuant to the provisions of Soctions 617.050 or registered agent, or both, in the State of Flor amiliar with, and accept the obligations of, Sec ATURE Signahue, byted or panel name of registered agen OFFICERS AN OFFIC	Inda Such Change was authonz stion 617.0503, Florida Statutes In and Itle if applicable (NO ND DIRECTORS DELETE DELETE DELETE DELETE	B4         City           es, the above-named corporation's boals.         State of the corporation's boals.           37E: Registered Agent signature require         13.           11 TITLE         12 NAME           13 STREET ADDRESS         14 City-ST-ZIP           21 TITLE         2 NAME           23 STREET ADDRESS         2 4 City-ST-ZIP           31 TITLE         3 STREET ADDRESS           2 4 City-ST-ZIP         3 1 TITLE           32 NAME         3 3 STREET ADDRESS           34. City-ST-ZIP         4 1 TITLE           4.1 TITLE         4.2 NAME           4.3 STREET ADDRESS         4.4 City-ST-ZIP           5 1 TITLE         5 NAME           5.3 STREET ADDRESS         5.3 STREET ADDRESS	ard of directors. I hereby accept the appoint and the second second second second second second second second s	Change	gistered office agent. I am SIN 12 Addition
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TADDRESS 1902 SW 8 STR 6 3 STREET ADDRESS	MIAMI FL 33135 Pursuant to the provisions of Soctions 617.050 or registered agent, or both, in the State of Flor amiliar with, and accept the obligations of, Sec ATURE Signature, bred or protect name of registered agen OFFICERS AN PD SABINES, LUIS 1417 W. FLAGLER ST. 1417 W. FLAGLER ST. 1417 W. FLAGLER ST. 1417 W FLAGLER STR MIAMI FL VTD CASTRO-MOLLEDA, WALDO 1417 W FLAGLER STR MIAMI FL SD CALLEJA, RAFAEL SD CALLEJA, RAFAEL SD CALLEJA, RAFAEL ADDRESS 426 S.W. 143 AVE. 1-2IP MIAMI FL VD ALEXANDER, WILLIAM 13601 S.W. 103 AVE. 1-2P MIAMI FL TD NARANJO, ORLANDO ADDRESS 1650 SW 17 ST 1-2IP VSD ANDERSSON, CARL	India Such Change was authorized in an an applicable (NG ND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	B4         City           es, the above-named corporation's boals.         Status           37E: Registered Agent senature require         13.           11 TITLE         12 NAME           13 STREET ADDRESS         14 City-ST-ZiP           21 TITLE         2 NAME           23 STREET ADDRESS         2 4 City-ST-ZiP           31 TITLE         3 STREET ADDRESS           2 4 City-ST-ZiP         3 1 TITLE           32 NAME         33 STREET ADDRESS           34. City-ST-ZiP         4.1 TITLE           4.2 NAME         4.3 STREET ADDRESS           3.4. City-ST-ZiP         5.1 TITLE           5.2 NAME         5.3 STREET ADDRESS           4.4 City-ST-ZiP         5.1 TITLE           5.3 STREET ADDRESS         5.4 City-ST-ZiP	ard of directors. I hereby accept the appoint and the second s		gistered office agent. I am SIN 12 Addition Addition Addition
64 CITY-ST-ZIP 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 unde	MIAMI FL 33135 Pursuant to the provisions of Soctions 617.050 or registered agent, or both, in the State of Flor amiliar with, and accept the obligations of, Sec ATURE Signature, based or protect name of registered agen OFFICERS AN PD SABINES, LUIS 1417 W. FLAGLER ST. 1-2IP MIAMI FL VTD CASTRO-MOLLEDA, WALDO 1417 W FLAGLER STR MIAMI FL SD CALLEJA, RAFAEL 8426 S.W. 143 AVE. 1-2IP MIAMI FL VD ADDRESS 1-2IP MIAMI FL VD ALEXANDER, WILLIAM 13601 S.W. 103 AVE. 1-2IP MIAMI FL TD NARANJO, ORLANDO ADDRESS 1650 SW 17 ST 1-2IP VSD ANDERSSON, CARL 1902 SW 8 STR	India Such Change was authorized in an an applicable (NG ND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	B4     City       es, the above-named corporation's board by the corporation's board.       3.       3.       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       24 City-ST-ZIP       31 TITLE       32 NAME       33 STREET ADDRESS       34 City-ST-ZIP       31 TITLE       32 NAME       33 STREET ADDRESS       34 City-ST-ZIP       41 TITLE       42 NAME       43 STREET ADDRESS       44 City-ST-ZIP       51 TITLE       52 NAME       53 STREET ADDRESS       54 City-ST-ZIP       61 TITLE       62 NAME       63 STREET ADDRESS	ard of directors. I hereby accept the appoint and the second s		gistered office agent. I am SIN 12 Addition Addition Addition