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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business

21 *Same as above*

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 *Same as above*

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SABINES, LUIS  
1417 W. FLAGLER STREET  
MIAMI FL 33135

3. Date Incorporated or Qualified

03/16/1976

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☒ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

*Same*

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

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 1360 S.W. 103 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

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Luis SABINES, Chairman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)