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**Mar 24, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 735340**

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

*a non-Profit 501-C-3-Corporation*

2. Principal Place of Business

2a. Mailing Address

21 *same as above*

26 *same as above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jan 22/99* 305-324-8127

CR2E037 (1/1/98)