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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 MAR 13 AM 11:07

DOCUMENT # N04896 (9)

1. Corporation Name

EAST LITTLE HAVANA COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
~~GREATER MIAMI UNITED~~ 1699 CORAL WAY, SUITE 302 MIAMI FL 33145	~~GREATER MIAMI UNITED~~ 1699 CORAL WAY, SUITE 302 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1984
3a. Date of Last Report: 05/24/1994
4. FEI Number: 59-2663181 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution NO ☐ $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 East Little Havana CDC
Suite, Apt. #, etc.
22 1699 Coral Way #302
City & State
23 Miami, FL
Zip 24 33145 Country 25

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

PRIO, MARIA ELENA
1 BISCAYNE TOWER #3400
2 S. BISCAYNE BLVD.
MIAMI FL 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PRIO, MARIA ELENA	1.2 NAME	
STREET ADDRESS	2 S. BISCAYNE BLVD., #3400	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	T,D ☒ Change ☐ Addition
NAME	ALMEIDA, FLORENTINO	2.2 NAME	
STREET ADDRESS	641 W FLAGER ST 3RD FLR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	VP, D ☒ Change ☐ Addition
NAME	GORT, WIFREDO	3.2 NAME	
STREET ADDRESS	80 S.W. 8TH ST., #2120	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	S, D Sandra Rothman
STREET ADDRESS		4.3 STREET ADDRESS	District Manager/SSA
CITY-ST-ZIP		4.4 CITY-ST-ZIP	801 S.W. 1st Ave.
TITLE		5.1 TITLE	Miami, FL 33130 ☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE: Maria Elena Prio 3/3/95 856-2547
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
MARIA ELENA PRIO

0941009