

FILE NOW: FILING FEE IS \$61.25

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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04896** (9)

1. Corporation Name

EAST LITTLE HAVANA COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

**E. LITTLE HAVANA CDC
1699 CORAL WAY. 302
MIAMI FL 33145
US**

**EAST LITTLE HAVANA CDC
1699 CORAL WAY. SUITE 302
MIAMI FL 33145
US**

2. Principal Place of Business

2a. Mailing Address

21 **East Little Havana CDC**

26 **SAME**

22 **1699 Coral Way #302**

27 Suite, Apt. #, etc.

23 **MIAMI, FL**

28 City & State

24 **33145**

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/29/1984

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. 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

**PRIQ, MARIA ELENA
1 DISCAYNE TOWER #3400
2 S. BISCAYNE BLVD.
MIAMI FL 33131**

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 ☐ DELETE

NAME **PD
PRIQ, MARIA ELENA
STREET ADDRESS
2 S. BISCAYNE BLVD., #3400
CITY-ST-ZIP
MIAMI FL**

TITLE ☐ DELETE

NAME **TD
ALMEIDA, FLORENTINO
STREET ADDRESS
641 W FLAGLER ST 3RD FLR
CITY-ST-ZIP
MIAMI FL**

TITLE ☐ DELETE

NAME **VPD
GORT, WIFREDO
STREET ADDRESS
80 S.W. 8TH ST., #2120
CITY-ST-ZIP
MIAMI FL**

TITLE ☐ DELETE

NAME **SD
PRADO, ANTONIO
STREET ADDRESS
1390 BRICKELL AVE #230
CITY-ST-ZIP
MIAMI FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 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

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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***70.00**

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 registered agent 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, on an announcement with an address.

SIGNATURE:

1/7/98 (305) 856-2547

CR2E037 (10/97)