


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90125 049 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N04896</b>					
1. Corporation Name <b>EAST LITTLE HAVANA COMMUNITY DEVELOPMENT CORPORATION</b>					
Principal Place of Business E. LITTLE HAVANA CDC 1699 CORAL WAY. 302 MIAMI FL 33145 US			Mailing Address EAST LITTLE HAVANA CDC 1699 CORAL WAY. SUITE 302 MIAMI FL 33145 US		

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2. Principal Place of Business 21 <b>East Little Havana CDC</b> Suite, Apt. #, etc. 22 <b>1699 Coral Way # 302</b> City & State 23 <b>Miam. FL</b> Zip 24 <b>33145</b>		2a. Mailing Address 27 <b>same</b> Suite, Apt. #, etc. 28 City & State 29 Zip 30 <b>Dade</b>		3. Date Incorporated or Qualified <b>08/29/1984</b>	
4. FEI Number <b>59-2663181</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired - <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <b>no</b>		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			

9. Name and Address of Current Registered Agent <b>PRIO, MARIA ELENA</b> <b>1 BISCAYNE TOWER #3400</b> <b>2 S. BISCAYNE BLVD.</b> <b>MIAMI FL 33131</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	TD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ALMEIDA, FLORENTINO			2.2 NAME			
STREET ADDRESS	641 W FLAGLER ST 3RD FLR			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	SD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PRADO, ANTONIO			4.2 NAME			
STREET ADDRESS	1390 BRICKELL AVE #230			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 REQUIRED**

**2/1/99**

**(305) 856-2547**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)