FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N41256

(1)

THE LITTLE HAVANA - CUBAN QUARTER, USA. INC.

						-	UI BIBA BEBE		
Principal Place of Business Mailing Address						I LODISTEL DIL MENNE SINDI BINDI DELIN S		# (#) # (# () # (INIT MENTI INNE
2021 S.W. 3RD	AVENUE	2021 S.W. 3RD AVENUE							
#4		#4							
MIAMI FL 33129	MIAMI FL 33129-1453	FL 33129-1453			3. Date Incorporated or Qualified	3a Date	of Last R	enort	
						12/11/1990	Ö	4/08/19	96
2. Principal P	lace of Business	2a. Mailing Address	2a. Malling Address			4. FEI Number	1		plied For
21		26			65-0266 199			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				<u> </u>		\$8.75	
22		27			5. Certificate of Status Desired			quired	
City & State	е	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28	26			Trust Fund Contribution			to Fees
Zip	Country	Country Zip C		Country		8. This corporation has liability for it	ntangible ta	ax under s	. 199.032,
24	25 29 30			Florida Statutes Yes 🔀 No					
	9. Name and Address of Curren	it Registered Agent				10. Name and Address of New Reg	pistered A	ent	
			1	81	Name				
Machado, Humberto L.				62	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
2021 S.V	W. 3RD AVENUE								
#4				B3		•			
MIAMI FL 33129			84 City					85 Zip	Code
							FL	l · ·	
11. Pursuant office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State	2 and 617.1508, Florida Statutes of Florida. Such change was au	i, the ab thorized	bve-	named corpo the corporation	oration submits this statement for the pon's board of directors. I hereby accep	urpose of c t the appoi	:hanging it ntment as	ls registered realstered
agent. La	m familiar with, and accept the obliga	ations of, Section 617.0503, Flori	da Statu	ites.					· og · o.c. · oc
SIGNATURE .	Pr	A COLUMN A C							
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS			Registered Agent signature require		ADDITIONS/CHANGES TO OFFIC	DATE EDG AND I	DIRECTOR	20 1/1 20
TITLE	PD	DELETE	1.1 TITLE		1	ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	MACHADO, HUMBERTO L.		1.2 NAME				•		
STREET ADDRESS	2021 SW 3RD AVE. #4		1.3 STREE		INDRESS				
CITY - ST - ZIP	MIAMI FL		1.4 CITY-		1				
TITLE	VTD	☐ DELETE	2.1 TITLE		- 211			Change	Addition
NAME	DIEGO, TOMAS E.		22 NAME				-	change	
STREET ADDRESS	6421 SW 16 TERR.		2.3 STREET		INDRESS				
CITY - ST - ZIP	MIAMI FL		2.4 CITY-5						
TITLE	VSD DELETE 3.17				- 217	, , , , , , , , , , , , , , , , , , , ,		Change	Addition
NAME	TIPLE - DODOLEO HODAL			32 NAME					
STREET ADDRESS	ARRON MISS AND THE WAR A			3.3 STREET ADDRESS					ļ
CITY-ST-ZIP	4 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		3.4. CO		1				l
TITLE			4.1 717		- 40		Г	Change	Addition
NAME			4.2 NA				•		
STREET ADDRESS					ADDRESS				
CITY-ST-7IP					1				
TITLE		☐ DELETE	4.4 CITY 5.1 TIFLE		*it		т	Change	Addition
NAME			5.2 NAME				-	80	
STREET ADDRESS			1		ADDAESS				
CITY-ST-ZIP					- 1				
TITLE		DELETE	5.4 City-5 6.1 Title		- LIF		г	Change	Addition
NAME			6.2 NA						Last (400(10))
STREET ADDRESS		•			ODRESS	•			
CITY-ST-7IP			6.4 CiT						

14. I do 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 an anattach near with address.

SIGNATURE:

*(*305) 285~7181

FILED

Apr 17 1997 8:00am

Secretary of State