NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT # N41256**

1. Corporation Name

THE LITTLE HAVANA - CUBAN QUARTER, USA. INC.

Principal Place of Business

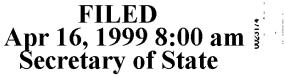
Mailing Address

2021 S.W. 3RD AVENUE

2021 S.W. 3RD AVENUE

MIAMI FL 33129

MIAMI FL 33129



04-16-1999 90113 026 ****61.25

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	lace of Business	2a. Mailing Address	·		_	3. Date Incorporated or Qualifed 12/11/1990				
	.Miami Lakes Dr C-13	26 7231 W. Mi	<u>ami Lak</u>	<u>es Dr C</u>	-13			- 	Und Con	
Suite, Apt.	·	Suite, Apt. #, etc.				4. FEI Number 65-0266199			Applicable	
	Lakes, Florida	27 Miami Lak	<u>es, Flo</u>	<u>rida</u>		02-0200 199			Applicable	
City & State	-	City & State	·	•	_	5. Certificate of Status Desired		\$8.75 A		
23 33014		28 33014-694 Zip	3 Cou	ntr/	· 	6 Floring Committee Cinematics		\$5.00		
Zip	Country	⊢ ¬ '	30	anu y		6. Election Campaign Financing Trust Fund Contribution		Added to		
24	25	29 Agent	30			10. Name and Address of New R	egistered /		.,	
R41 Name										
					MACHADO, HUMBERTO L.					
MACHADO, HUMBERTO L.				82 Street Address (P.O. Box Number is Not Acceptable)						
2021 S.W. 3RD AVENUE				00		<u>l W.Miami Lakes Dr</u>	AUL. C	<u>, _, _</u>	_	
#4				**	Miar	mi Lakes,				
MIAMI FL 33129				84 City	Miar	mi Lakes,	FL	85 Zip C 330	ode	
		047 4500 FI 0	4-4-4 4h							
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 a	m familiar with, and accept the obligation	ons of, Section 617.0503	, Florida Stat	utes						
SIGNATURE	·						D		}	
	Signature, typed or printed name of registered agent a			Agent signature re	equired w	hen reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTOR	RS IN 12	
12.	OFFICERS AND		13.	 		ADDITIONS/CHANGES TO OF	IOLINO AIN	Change	Addition	
TITLE	PD	C DELET								
NAME	MACHADO, HUMBERTO L.		1.2 N				•			
STREET ADORESS	2021 SW 3RD AVE. #4		**	TREET ADDRESS						
CITY-ST-ZIP	MIAMI FL			TY-ST-ZIP				Change	Addition	
TITLE	VTD	☐ DELET						☐ cuange		
NAME "	DIEGO, TOMAS E.		2.2 N	AME						
STREET ADDRESS	6421 SW 16 TERR.		2.3 S	TREET ADDRESS						
CITY-ST-ZIP	MIAMI FL			ITY-ST-ZIP						
TITLE	VSD	□ DELET		TLE	•	ومي و لياليسفت و	نيسب	Change_	Addition	
NAME	TARAFA, RODOLFO NODAL		3.2 N	AME						
STREET ADDRESS	10865 SW 112 AVE. #314		3.3 S	TREET ADDRESS						
CITY-ST-ZIP	MIAMI FL			ITY-ST-ZIP					CT Addis:-	
TITLE		. DELET	E 4.1 TI	TLE				Change	Addition Addition	
NAME			4. 2 N	AME		•			1	
STREET ADDRESS			4.3 S	TREET ADORESS			. •	•		
CITY-ST-ZIP				TY-ST-ZIP						
TITLE		☐ DELET						☐ Change	Addition	
NAME	-		5.2 N				-			
STREET ADDRESS			5.3 S	TREET ADDRESS						
CITY-ST-ZIP				ITY-ST-ZIP			• •	·		
TITLE		☐ DELET	E 6.1 T	TLE				Change	Addition	
NAME			6.2 N	AME						
STREET ADDRESS			6.3 S	TREET ADDRESS					-	
CITY-ST-7IP	ļ		6.4 C	ITY-ST-ZIP		•				

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:

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