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**Apr 16, 1999 8:00 am**  
**Secretary of State**

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

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N41256**

1. Corporation Name

**THE LITTLE HAVANA - CUBAN QUARTER, USA, INC.**

Principal Place of Business

2021 S.W. 3RD AVENUE  
 #4  
 MIAMI FL 33129

Mailing Address

2021 S.W. 3RD AVENUE  
 #4  
 MIAMI FL 33129



2. Principal Place of Business

21 7231 W. Miami Lakes Dr C-13  
 Suite, Apt. #, etc.

22 Miami Lakes, Florida

23 33014-6943  
 Zip Country

24

2a. Mailing Address

26 7231 W. Miami Lakes Dr C-13  
 Suite, Apt. #, etc.

27 Miami Lakes, Florida

28 33014-6943  
 Zip Country

29 30

3. Date Incorporated or Qualified

12/11/1990

4. FEI Number

65-0266199

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

6. Election Campaign Financing

\$5.00 May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

**MACHADO, HUMBERTO L.**  
 2021 S.W. 3RD AVENUE  
 #4  
 MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name **MACHADO, HUMBERTO L.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 7231 W. Miami Lakes Dr Apt. C-13  
 83 Miami Lakes,  
 84 City **Miami Lakes,** **FL** 85 Zip Code **33014**

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  DELETE

TITLE **PD**  
 NAME **MACHADO, HUMBERTO L.**  
 STREET ADDRESS **2021 SW 3RD AVE. #4**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  DELETE  
 NAME **VTD**  
**DIEGO, TOMAS E.**  
 STREET ADDRESS **6421 SW 16 TERR.**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  DELETE  
 NAME **VSD**  
**TARAFIA, RODOLFO NODAL**  
 STREET ADDRESS **10865 SW 112 AVE. #314**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  Change  Addition

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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: *Humberto L. Machado*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 10 1999 [305] 825-2093  
 Date Daytime Phone #

CR2E037 (11/98)