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Apr 07 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000005166 (1)

1. Corporation Name

WEST LITTLE HAVANA ACTION GROUP, INC.

Principal Place of Business

Mailing Address

2000 NW 8TH TERR  
MIAMI FL 331252000 NW 8TH TERR  
MIAMI FL 33125-35083. Date Incorporated or Qualified  
10/04/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUSTAMANTE, LAURA  
800 NW 19TH CT  
MIAMI FL 33125

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                  |                                 |
|-----------------|------------------|---------------------------------|
| TITLE           | PD               | <input type="checkbox"/> DELETE |
| NAME            | MORALES, JESUS E |                                 |
| STREET ADDRESS  | 2000 NW 8TH TERR |                                 |
| CITY - ST - ZIP | MIAMI FL 33125   |                                 |

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |

|                 |                   |                                 |
|-----------------|-------------------|---------------------------------|
| TITLE           | VD                | <input type="checkbox"/> DELETE |
| NAME            | BUSTAMANTE, LAURA |                                 |
| STREET ADDRESS  | 800 NW 19TH CT    |                                 |
| CITY - ST - ZIP | MIAMI FL 33125    |                                 |

|                     |   |
|---------------------|---|
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |

|                 |                  |                                 |
|-----------------|------------------|---------------------------------|
| TITLE           | VD               | <input type="checkbox"/> DELETE |
| NAME            | MORALES, FLOR    |                                 |
| STREET ADDRESS  | 2000 NW 8TH TERR |                                 |
| CITY - ST - ZIP | MIAMI FL 33125   |                                 |

|                     |   |
|---------------------|---|
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |

|                 |                   |                                 |
|-----------------|-------------------|---------------------------------|
| TITLE           | SD                | <input type="checkbox"/> DELETE |
| NAME            | CONCEPCION, NOEMI |                                 |
| STREET ADDRESS  | 831 NW 18 PL      |                                 |
| CITY - ST - ZIP | MIAMI FL 33125    |                                 |

|                     |   |
|---------------------|---|
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |

|                 |                 |                                 |
|-----------------|-----------------|---------------------------------|
| TITLE           | TD              | <input type="checkbox"/> DELETE |
| NAME            | CHAPLE, ROLANDO |                                 |
| STREET ADDRESS  | 871 NW 20TH CT  |                                 |
| CITY - ST - ZIP | MIAMI FL 33125  |                                 |

|                     |   |
|---------------------|---|
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE           |  | <input type="checkbox"/> DELETE |
| NAME            |  |                                 |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

|                     |   |
|---------------------|---|
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

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 on an attachment with an address.

SIGNATURE:

Laura Bustamante

2-20-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0028341

CR2E037 (9/96)