

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005166 (1)**
1. Corporation Name

WEST LITTLE HAVANA ACTION GROUP, INC.



Principal Place of Business 2000 NW 8TH TERR MIAMI FL 33125	Mailing Address 2000 NW 8TH TERR MIAMI FL 33125	3. Date Incorporated or Qualified 10/04/1996
		4. FEI Number 65-0704160
		Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country DADE	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country DADE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent BUSTAMANTE, LAURA 800 NW 19TH CT MIAMI FL 33125	10. Name and Address of New Registered Agent 81 Name FLOR MORALES 82 Street Address (P.O. Box Number is Not Acceptable) 83 2000 NW 8 Terr 84 City MIAMI FL 85 Zip Code 33125
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11. Pursuant to the provisions of Sections 617.0509 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  **FLOR MORALES** **2/27/98**
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 checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORALES, JESUS E		1.2 NAME	
STREET ADDRESS 2000 NW 8TH TERR		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33125		1.4 CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUSTAMANTE, LAURA		2.2 NAME	
STREET ADDRESS 800 NW 19TH CT		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33125		2.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORALES, FLOR		3.2 NAME	
STREET ADDRESS 2000 NW 8TH TERR		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33125		3.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONCEPCION, NOEMI		4.2 NAME	
STREET ADDRESS 831 NW 18 PL		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33125		4.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHAPLE, ROLANDO		5.2 NAME	
STREET ADDRESS 871 NW 20TH CT		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33125		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.

SIGNATURE:  **2/27/98**

CFR2E037 (10/97)