

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000005539 (9)

1. Corporation Name

LITTLE HAVANA COMMUNITY TEAM, INC.



Principal Place of Business

Mailing Address

400 NW 2ND AVE  
ROOM 412  
MIAMI FL 33130400 NW 2ND AVE  
ROOM 412  
MIAMI FL 33128-17063. Date Incorporated or Qualified  
10/28/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 400 N.W. 2ave #412

25 400 NW. 2ave #412

4. FEI Number

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Miami, FL.

27 Miami, FL.

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

City &amp; State

City &amp; State

23 33128 U.S.A.

28 33128 U.S.A.

6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, MARTINEZ & DOMINQUEZ, P.A.  
501 NE 1ST AVE  
SECOND FLOOR  
MIAMI FL 33132

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 D ☐ DELETE  
NAME FINALE, HUMBERTO  
STREET ADDRESS 400 NW 2ND AVE RM 412  
CITY-ST-ZIP MIAMI FL 331281.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME Montesdeoca, Milton  
1.3 STREET ADDRESS 400 N.W. 2ave. Rm 206  
1.4 CITY-ST-ZIP Miami FL 33128TITLE D ☐ DELETE  
NAME CANTON, PABLO  
STREET ADDRESS 111 SW 5 AVE  
CITY-ST-ZIP MIAMI FL 331302.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME Marrero, Magally  
2.3 STREET ADDRESS 400 N.W. 2ave. Rm 206  
2.4 CITY-ST-ZIP Miami FL 33128TITLE D ☐ DELETE  
NAME MIRABLE, HECTOR  
STREET ADDRESS 111 SW 5 AVE  
CITY-ST-ZIP MIAMI FL 331303.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME Garcia, Carlos  
3.3 STREET ADDRESS 501 N.E. 1st ave  
3.4 CITY-ST-ZIP Miami FL 33132TITLE D ☒ DELETE  
NAME SIGLER, OSCAR  
STREET ADDRESS 111 SW 5 AVE  
CITY-ST-ZIP MIAMI FL 331304.1 TITLE D ☐ Change ☒ Addition  
4.2 NAME Delgado, Lourdes  
4.3 STREET ADDRESS 1950 S.W. 19th  
4.4 CITY-ST-ZIP Miami FL 33145TITLE D ☐ DELETE  
NAME D'AGOSTINO, FREDDY  
STREET ADDRESS 111 SW 5 AVE  
CITY-ST-ZIP MIAMI FL 331305.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME Turner, David  
5.3 STREET ADDRESS 19 West Flagler St. Rm. 311  
5.4 CITY-ST-ZIP Miami FL 33130TITLE D ☐ DELETE  
NAME CAPORELLI, JANE  
STREET ADDRESS 3301 NE 5TH AVE #801  
CITY-ST-ZIP MIAMI FL 331376.1 TITLE ☐ Change ☐ 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:

Signature: typed or printed name of signing officer or director  
Humberto Finale

Date 4-22-97 Daytime Phone 305-571-3344

CR2E037 (9/96)