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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA 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 33130
400 NW 2ND AVE ROOM 412 MIAMI FL 33128-1706

3. 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
22 Miami, FL. 27 Miami, FL.
23 33128 U.S.A. 28 33128 U.S.A.
24 Zip 25 Country 29 Zip 30 Country

4. FEI Number EIN 31-1486130 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GARCIA, MARTINEZ & DOMINQUEZ, P.A.
501 NE 1ST AVE
SECOND FLOOR
MIAMI FL 33132

10. Name and Address of New Registered Agent
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 FINALE, HUMBERTO	1.1 TITLE	D Montesdeoca, Milton
NAME	400 NW 2ND AVE RM 412	1.2 NAME	400 N.W. 2ave. Rm 206
STREET ADDRESS	MIAMI FL 33128	1.3 STREET ADDRESS	miami FL. 33128
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D CANTON, PABLO	2.1 TITLE	D Marrero, Magally
NAME	111 SW 5 AVE	2.2 NAME	400 N.W. 2ave. Rm 206
STREET ADDRESS	MIAMI FL 33130	2.3 STREET ADDRESS	MIAMI FL. 33128
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D MIRABLE, HECTOR	3.1 TITLE	D Garcia, Carlos
NAME	111 SW 5 AVE	3.2 NAME	501 N.E. 1st ave
STREET ADDRESS	MIAMI FL 33130	3.3 STREET ADDRESS	Miami FL 33132
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D SIGLER, OSCAR	4.1 TITLE	D Delgado, Lourdes
NAME	111 SW 5 AVE	4.2 NAME	1950 S.W. 19 ST.
STREET ADDRESS	MIAMI FL 33130	4.3 STREET ADDRESS	Miami FL. 33145
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D D'AGOSTINO, FREDDY	5.1 TITLE	D Turner, David
NAME	111 SW 5 AVE	5.2 NAME	19 West flagler ST. RM. 311
STREET ADDRESS	MIAMI FL 33130	5.3 STREET ADDRESS	Miami FL 33130
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D CAPORELLI, JANE	6.1 TITLE	
NAME	3301 NE 5TH AVE #801	6.2 NAME	
STREET ADDRESS	MIAMI FL 33137	6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Sandra B. Mortham* Humberto to Finale 4-22-97 305-574-3344
Signature typed or printed name of signing officer or director Date Daytime Phone # extension

CR2E037 (9/96)