


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005539 (9)**  
1. Corporation Name  
**LITTLE HAVANA COMMUNITY TEAM, INC.**



Principal Place of Business <b>400 NW 2ND AVE ROOM 412 MIAMI FL 33130</b>	Mailing Address <b>400 NW 2ND AVE ROOM 412 MIAMI FL 33128-1706</b>
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3. Date Incorporated or Qualified <b>10/28/1996</b>	3a. Date of Last Report
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21. Principal Place of Business <b>400 N.W. 2ave #412</b>	2a. Mailing Address <b>400 NW. 2ave #412</b>
22. Suite, Apt #, etc. <b>MIAMI, FL.</b>	26. Suite, Apt #, etc. <b>MIAMI, FL.</b>
23. City & State <b>33128 U.S.A.</b>	27. City & State <b>33128 U.S.A.</b>
24. Zip	28. Zip
25. Country	29. Country
30. Country	

4. FEI Number <b>EIN 31-1486130</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FINALE, HUMBERTO</b>	1.2 NAME	<b>Montesdeoca, Milton</b>
STREET ADDRESS	<b>400 NW 2ND AVE RM 412</b>	1.3 STREET ADDRESS	<b>400 N.W. 2ave. Rm 206</b>
CITY-ST-ZIP	<b>MIAMI FL 33128</b>	1.4 CITY-ST-ZIP	<b>MIAMI FL 33128</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CANTON, PABLO</b>	2.2 NAME	<b>Marrero, Magally</b>
STREET ADDRESS	<b>111 SW 5 AVE</b>	2.3 STREET ADDRESS	<b>400 N.W. 2ave. Rm 206</b>
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	2.4 CITY-ST-ZIP	<b>MIAMI FL 33128</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MIRABLE, HECTOR</b>	3.2 NAME	<b>Garcia, Carlos</b>
STREET ADDRESS	<b>111 SW 5 AVE</b>	3.3 STREET ADDRESS	<b>501 N.E. 1st ave</b>
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	3.4 CITY-ST-ZIP	<b>MIAMI FL 33132</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SIGLER, OSCAR</b>	4.2 NAME	<b>Delgado, Lourdes</b>
STREET ADDRESS	<b>111 SW 5 AVE</b>	4.3 STREET ADDRESS	<b>1950 S.W. 19 ST.</b>
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	4.4 CITY-ST-ZIP	<b>MIAMI FL 33145</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D'AGOSTINO, FREDDY</b>	5.2 NAME	<b>Turner, David</b>
STREET ADDRESS	<b>111 SW 5 AVE</b>	5.3 STREET ADDRESS	<b>19 West Flagler St. Rm. 311</b>
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	5.4 CITY-ST-ZIP	<b>MIAMI FL 33130</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAPORELLI, JANE</b>	6.2 NAME	
STREET ADDRESS	<b>3301 NE 5TH AVE #801</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	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)(l), 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 Finale 4-22-97 305-574-3344

CR2E037 (9/96)