

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 33130

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

10/28/1996

4. FEI Number

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

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

TITLE D  
NAME FINALE, HUMBERTO  
STREET ADDRESS 400 NW 2ND AVE RM 412  
CITY-ST-ZIP MIAMI FL 33128 ☐ DELETE

TITLE D  
NAME CANTON, PABLO  
STREET ADDRESS 111 SW 5 AVE  
CITY-ST-ZIP MIAMI FL 33130 ☐ DELETE

TITLE D  
NAME MIRABILE, HECTOR  
STREET ADDRESS 111 SW 5 AVE  
CITY-ST-ZIP MIAMI FL 33130 ☒ DELETE

TITLE D  
NAME MONTESDEOCA, MILTON  
STREET ADDRESS 400 NW 2 AVE, 206  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D  
NAME D'AGOSTINO, FREDDY  
STREET ADDRESS 111 SW 5 AVE  
CITY-ST-ZIP MIAMI FL 33130 ☒ DELETE

TITLE D  
NAME CAPORELLI, JANE  
STREET ADDRESS 3301 NE 5TH AVE #801  
CITY-ST-ZIP MIAMI FL 33137 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Carlos Fernandez  
1.3 STREET ADDRESS 1950 S.W. 19th  
1.4 CITY-ST-ZIP Miami, FL 33145 ☐ Change ☒ Addition

2.1 TITLE D  
2.2 NAME Lourdes Delgado  
2.3 STREET ADDRESS 1950 SW. 19th  
2.4 CITY-ST-ZIP Miami, FL 33145 ☐ Change ☒ Addition

3.1 TITLE D  
3.2 NAME David Turner  
3.3 STREET ADDRESS 19 West Flagler #600  
3.4 CITY-ST-ZIP Miami, FL 33130 ☐ Change ☒ Addition

4.1 TITLE D  
4.2 NAME Martha Cargas  
4.3 STREET ADDRESS 400 NW 2nd Ave #412  
4.4 CITY-ST-ZIP Miami, FL 33128 ☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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:

Humberto Finale  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-98 305-579-3344  
Date Daytime Phone #

FILED  
Jul 23 1998 8:00am  
Secretary of State



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