

**PROFIT CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000080401 (1)

1. Corporation Name

LITTLE HAVANA U.S.A., INC.

Principal Place of Business

Mailing Address

2235 S. W. 8th St.
Miami, Fl. 33135

2235 S.W. 8th Street
Miami, Fl. 33135

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/22/1993

Date of Last Report
1/10/95

4. FEI Number
65-0466232

Applied F
Not Appli.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

\$5.00 May B
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **1492 S. Miami Ave.**

23 City & State

27 Suite 203
28 **Miami, Florida**

24 Zip Country

29 **33130** 30 Country

9. Name and Address of Current Registered Agent

**INAKI SAIZARBITORIA, ESQ.
2235 S.W. 8th St.
Miami, Fl.**

10. Name and Address of New Registered Agent

81 Name **SAME**
82 Street Address (P.O. Box Number is Not Acceptable)
1492 S. Miami Ave.
83 **Suite 203**
84 City **Miami, Fl.** 85 Zip Code **FL 33130**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 607.0505, Florida Statutes.

SIGNATURE

Inaki Saizarbitoria
Inaki Saizarbitoria

4/29/96

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/P**
NAME **JULIO GONZALEZ-REBULL**
STREET ADDRESS **2600 Le Jeune Road Suite 500**
CITY-ST-ZIP **Coral Gables, Fl.**

TITLE **D/VP**
NAME **JUAN SAIZARBITORIA**
STREET ADDRESS **2235 S.W. 8th Street**
CITY-ST-ZIP **Miami, Fl. 33135**

TITLE **D/S**
NAME **INAKI SAIZARBITORIA**
STREET ADDRESS **1492 S. Miami Ave. Suite 203**
CITY-ST-ZIP **Miami, Fl. 33130**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ☐ Change ☐ A

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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

600001810666
05/07/96-01025-029
*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Inaki Saizarbitoria
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
INAKI SAIZARBITORIA, Secretary

4/29/96

Date

(305) 530-0007

Daytime Phone #