

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000001410 (5)

1. Corporation Name
HAVANA GUINES AGENCY, CORP.



Principal Place of Business
327 PALM AVENUE
HIALEAH FL 33010

Mailing Address
327 PALM AVENUE
HIALEAH FL 33010-4715

3. Date Incorporated or Qualified
01/05/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 321 PALM AVENUE

26 321 PALM AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

City & State

23 HIALEAH, FLORIDA

28 HIALEAH, FLORIDA

Zip

Country

Zip

Country

24 33010

25 DADE

29 33010

30 DADE

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

CORDERO, JORGE F
403 EAST 20 STREET
HIALEAH FL 33013

81 Name

GABRIEL PRATS

82 Street Address (P.O. Box Number is Not Acceptable)

151 MAYORCA AVE. SUITE C

83

84 City

CORAL GABLES

FL

85 Zip Code
33134

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 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and address, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
PEREZ, PEDRO
2135 NORMANDY DRIVE
MIAMI BEACH FL 33141

☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
PDT
MIRABAL, JORGE
51 WEST 4 STREET #2
HIALEAH, FL 33010

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
MIRABAL, JORGE L
7821 WEST 15 COURT
HIALEAH FL 33014

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
VPD
PEREZ, PEDRO
7225 N.W. 25 STREET #305
MIAMI, FLORIDA 33122

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VTD
CORDERO, JORGE F
403 EAST 20 STREET
HIALEAH FL 33013

☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
DS
RAUL MARTIN JR.
5226 N.W. 7 STREET #B-204
MIAMI, FLORIDA 33126

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 10/97 (305) 862 88 09

0114808

CR2E034 (9/96)