

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

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90086 039 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000100482

1. Corporation Name
LITTLE HAVANA MIAMI INC.

Principal Place of Business
25 S.E. 2ND AVENUE, SUITE 730
C/O BLAXBERG, GRAYSON & SINGER, P.A.
MIAMI FL 33131

Mailing Address
25 S.E. 2ND AVENUE, SUITE 730
C/O BLAXBERG, GRAYSON & SINGER, P.A.
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3663 S.W. 8th Street Suite, Apt. #, etc. 22 Third Floor City & State 23 MIA FL Zip 24 33135		2a. Mailing Address 26 3663 S.W. 8th Street Suite, Apt. #, etc. 27 Third Floor City & State 28 MIA FL Zip 29 33135		3. Date Incorporated or Qualified 12/12/1996	
				4. FEI Number 65-0727504	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent VALLS, FELIPE A JR 700 SW 36 AVE MIAMI FL 33135		10. Name and Address of New Registered Agent 81 Name VALLS, FELIPE A. JR 82 Street Address (P.O. Box Number is Not Acceptable) 3663 S.W. 8th Street third Floor 83 84 City MIAMI 85 Zip Code FL 33135	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLS, FELIPE A JR	1.2 NAME	VALLS, FELIPE A. JR
STREET ADDRESS	700 S.W. 36TH AVENUE	1.3 STREET ADDRESS	3663 S.W. 8th Street Third Floor
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33135
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLS, FELIPE A SR	2.2 NAME	VALLS, FELIPE A. SR
STREET ADDRESS	700 SW 36 AVE	2.3 STREET ADDRESS	3663 S.W. 8th Street Third Floor
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33135
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

F. Valls
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT FELIPE A. VALLS,

2/1/99

Date

(305) 446-4916

Daytime Phone #

CR2E034 (11/98)