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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90109 008 ***150.00

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DOCUMENT # P98000098875

HAVANA NIGHTS BISTRO, INC.

Principal Place of Business Mailing Address					I (EB)(BB) MG (B)(A) (B)(A B)(A B)(A B)(A B)(A B)(A B	
7161 SW 103RD COURT CIRCLE 7161 SW 103RD COUMIAM! FL 33173 MIAM! FL 33173			CIRCLE			
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
	<u>.</u> .					11/24/1998
2. Principal Place of Business 2a. Mailing Address						4. FEI Number (05-087933) Applied For Not Applicable
113804 50 5651 26						05-09 1733 Not Applicable
Suite, Apt. #, etc.						5. Certificate of Status Desired Fee Required
27			* a.	<u> </u>		
City & State City & State						6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees
Zip Country Zip			Соц	Country		8. This corporation owes the current year Intangible
			30	–		Personal Property Tax. Yes No
4 331	9. Name and Address of Current		1001			10. Name and Address of New Registered Agent
	5, Hallio and Placings of Carrotte			81	Name	
TURBAY, AILIN					011-1	(D.O. Day Marshavia Mat Assentable)
608 NW 57TH AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33173			:	83	14//	
						Carl 7: Codo
	•			84	City	FL 85 Zip Code
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was a ons of, Section 607.0505, Flo	uthorized rida Stati	i by tutes.	tne corpora	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered agent			Agen	t signature req	quired when reinstating) DATE DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	D DAIGN DAIGN	☐ DELETE	1.1 TT			
NAME	ALONSO, DAISY			1.2 NAME		
STREET ADDRESS	BAIABAI EL 00470		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		ļ	
CITY-ST-ZIP	MIAMI FL 33173	☐ DELETE	2.1 TF		I-ZIP	☐ Change ☐ Addition
TITLE			2.1 II		i	
NAME					[ADDRESS]	Ì
STREET ADDRESS						· ·
CITY-ST-ZIP		☐ DELETE	2.4 C		II-ZIP	Change Addition
TITLE	<u>.</u>		3.2 N/		ľ	
NAME			•		T ADDRESS	
STREET ADDRESS			3.4. C			
CITY-ST-ZIP TITLE		DELETE	4.1 TI		11-21	☐ Change ☐ Addition
			4. 2 N			
NAME STREET ADDRESS					ADDRESS	
STREET ADDRESS						}
CITY-ST-ZIP TITLE	DELETE		_	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME		_ ==	5.2 N			
			5.3 ST	REET	T ADDRESS	
STREET ADDRESS CITY-ST-ZIP			5.4 CI			
TITLE		☐ DELETE	6.1 π			☐ Change ☐ Addition
NAME			6.2 N	AME		ļ

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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS