

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **727668** (6)

95 JUN -8 AM 9: 36

**LITTLE HAVANA ACTIVITIES & NUTRITION CENTERS OF
DADE COUNTY, INC.**

Principal Place of Business Mailing Address
**700 S.W. 8TH ST.
MIAMI FL 33130** **700 S.W. 8TH ST.
MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/06/1973	3a. Date of Last Report 07/11/1994
4. FEI Number 23-7378008	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$9.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**CARBONELL, JOSEFINA
700 S.W. 8TH ST.
MIAMI FL 33130**

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	IRIONDO, SYLVIA G
STREET ADDRESS	700 S.W. 8TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	VCD
NAME	AYALA, ALBERTO M.D.
STREET ADDRESS	700 S.W. 8TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	PD
NAME	CARBONELL, JOSEFINA
STREET ADDRESS	700 SW 8TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	BURGOS, MODESTO
STREET ADDRESS	700 S.W. 8TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	VSD
NAME	ALEMANY, MARGARITA
STREET ADDRESS	700 S.W. 8TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	MARRERO, MANUEL
STREET ADDRESS	700 S.W. 8TH STREET
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AYALA, ALBERTO M.D.	
1.3 STREET ADDRESS	700 S.W. 8th. ST.	
1.4 CITY - ST - ZIP	MIAMI, FL	
2.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BURGOS, MODESTO	
2.3 STREET ADDRESS	700 S.W. 8th. ST.	
2.4 CITY - ST - ZIP	MIAMI, FL.	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ALEMANY, MARGARITA	
4.3 STREET ADDRESS	700 S.W. 8th. ST.	
4.4 CITY - ST - ZIP	MIAMI, FL.	
5.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TORRES, ORLANDO F.	
5.3 STREET ADDRESS	700 S.W. 8th. ST.	
5.4 CITY - ST - ZIP	MIAMI, FL.	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is true, correct, complete, and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 secretary or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X** _____ DATE: **6/1/95** (305) 858-0887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEFINA CARBONELL PD
Date Daytime Phone #