

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000013194

**Entity Name:** OLIVA HELPING HANDS FOUNDATION, CORP

**Current Principal Place of Business:**

13955 N.W. 60TH AVENUE  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

13955 N.W. 60TH AVENUE  
MIAMI LAKES, FL 33014

**FEI Number: 86-3192559**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MAS CORPORATE SERVICES, LLC  
232 ANDALUSIA AVENUE, SUITE 200  
CORAL GABLES, FL 33134 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           VP  
Name           RODRIGUEZ VALDES, FIDEL  
Address        13955 N.W. 60TH AVENUE  
City-State-Zip: MIAMI LAKES FL 33014

Title           D  
Name           MASPONS, MIGUEL A  
Address        232 ANDALUSIA AVENUE, SUITE 200  
City-State-Zip: CORAL GABLES FL 33134

Title           P  
Name           VANDERMARLIERE, FREDERIK  
Address        13955 N.W. 60TH AVENUE  
City-State-Zip: MIAMI LAKES FL 33014

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: FREDERIK VANDERMARLIERE**

**PRESIDENT, BY JOHN  
DUEMIG, ATTORNEY IN  
FACT**

**04/17/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date