

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727668

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

**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**0048733080CC**

**Current Principal Place of Business:**

700 S.W. 8TH ST.  
MIAMI, FL 33130

**Current Mailing Address:**

700 S.W. 8TH ST.  
MIAMI, FL 33130 US

**FEI Number: 23-7378008**

**Certificate of Status Desired: Yes**

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

IGLESIAS, RAFAEL  
700 S.W. 8TH ST.  
MIAMI, FL 33130 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 VCD  
Name DEL VALLE, MARIO LUIS  
Address 700 SW 8TH STREET  
City-State-Zip: MIAMI FL 33130

Title DIRECTOR  
Name DE VELASCO, ELISA  
Address 700 SW 8TH STREET  
City-State-Zip: MIAMI FL 33130

Title SD  
Name BORGES, LUIS  
Address 700 SW 8TH STREET  
City-State-Zip: MIAMI FL 33130

Title P/CEO  
Name IGLESIAS, RAFAEL  
Address 700 S.W. 8TH ST.  
City-State-Zip: MIAMI FL 33130

Title CD  
Name MARRERO, MANUEL  
Address 700 SW 8TH ST  
City-State-Zip: MIAMI FL 33130

Title TREASURER, OFFICER  
Name MADARIAGA, LOURDES M.  
Address 700 S.W. 8TH ST.  
City-State-Zip: MIAMI FL 33130

Title DIRECTOR  
Name BALIDO, ALBERTO  
Address 700 SW 8TH STREET  
City-State-Zip: MIAMI FL 33130

*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: RAFAEL IGLESIAS**

**PRESIDENT & CEO**

**01/15/2020**

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

\_\_\_\_\_  
Date