

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764889

**Entity Name:** INSTITUTO EDISON ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business:**

9711 SW 11TH TERRACE  
MIAMI, FL 33174

**Current Mailing Address:**

1000 PONCE DE LEON BLVD  
114  
CORAL GABLES, FL 33174

**FEI Number:** 59-2231983

**Certificate of Status Desired:** No

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

VEGA, ALFONSO  
9711 SW 11TH TERRACE  
MIAMI, FL 33174 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 P/D  
Name VEGA, ALFONSO  
Address 9711 SW 11TH TERRACE  
City-State-Zip: MIAMI FL 33174  
  
Title S/D  
Name SANCHEZ, CARMEN  
Address 801 SW 141 AVE, APT. 410  
City-State-Zip: PEMBROKE PINES FL 33027

Title V/D  
Name COLLADO, LOURDES  
Address 1000 PONCE DE LEON BLVD #112  
City-State-Zip: CORAL GABLES FL 33134  
  
Title T/D  
Name ALVAREZ, CARMEN  
Address 1000 PONCE DE LEON BLVD #112  
City-State-Zip: CORAL GABLES FL 33134

*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:** ALFONSO VEGA

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03/21/2013

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

\_\_\_\_\_  
Date