

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N01000000643

Entity Name: PROJECT ACCESS FOUNDATION, INC.

Current Principal Place of Business:

8000 BISCAYNE BLD
MIAMI, FL 33138

Current Mailing Address:

8000 BISCAYNE BLVD
MIAMI, FL 33138 US

FEI Number: 65-1073105

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLISON, JULIE ESQ.
4601 SHERIDAN STREET
SUITE 213
HOLLYWOOD, FL 33021 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: JULIE ALLISON

08/23/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name LIZARAZO, LUZ MS.
Address 7000 SW 62 AVE
City-State-Zip: MIAMI FL 33143

Title DIRECTOR
Name REYES, JOSE MR.
Address 1435 W. 49TH PL.
SUITE 503
City-State-Zip: MIAMI FL 33012

Title DIRECTOR
Name ROITMAN, MIRIAM MS.
Address 1435 W. 49TH PL.
SUITE 503
City-State-Zip: MIAMI FL 33012

Title CEO
Name GUERRERO, ALBA CEO
Address 1435 W 49TH PL STE 503
City-State-Zip: HIALEAH FL 33012

Title DIRECTOR
Name GUERRERO, ALBERTO PHD
Address 15920 SW 74TH STREET
City-State-Zip: MIAMI FL 33193

Title DIRECTOR
Name FERNANDEZ, MANUEL DR.
Address 435 GARLEND AVE
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR
Name FERNANDEZ, JORGE J
Address 1435 W 49TH PLACE
City-State-Zip: HIALEAH FL 33012

Title DIRECTOR
Name MEDINA-PAIVA, ALBERTO
Address 20860 SAN SIMEON WAY
City-State-Zip: NORTH MIAMI BEACH FL 33179

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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: ALBA GUERRERO

CEO

08/23/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	STRAMWASER, LILLIAN
Address	1435 W 49TH PL
City-State-Zip:	HIALEAH FL 33012