

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006497

Entity Name: ALMENAR OTERO FOUNDATION, INC.**Current Principal Place of Business:**4995 NW 72ND AVENUE,
SUITE 205
MIAMI, FL 33166**Current Mailing Address:**10560 NW 74TH STREET
APT # 208
DORAL, FL 33178 US**FEI Number:** 20-1450549**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SALCEDO, MARITZA
10560 NW 74TH STREET
APT # 208
DORAL, FL 33178 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 | PTS |
| Name | SALCEDO, MARITZA |
| Address | 10560 NW 74TH STREET APT # 208 |
| City-State-Zip: | DORAL FL 33178 |

| | |
|-----------------|-----------------------------------|
| Title | VD |
| Name | ALMENAR, JONATHAN |
| Address | 10560 NW 74TH STREET APT # 208 |
| City-State-Zip: | DORAL FL 33178 |

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|-----------------|------------------------------|
| Title | D |
| Name | SIMAN, SUSAN |
| Address | 1750 NW 107TH AVE, EUROSUITE |
| City-State-Zip: | DORAL FL 33172 |

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|-----------------|-----------------------------------|
| Title | SECRETARY |
| Name | GONZALEZ, YEINY |
| Address | 10540 NW 74TH STREET APT # 207 |
| City-State-Zip: | MEDLEY FL 33178 |

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|-----------------|------------------|
| Title | DIRECTOR |
| Name | BORIA, MARISELA |
| Address | 7102 NW 112TH CT |
| City-State-Zip: | DORAL FL 33178 |

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|-----------------|--------------------------------|
| Title | DIRECTOR |
| Name | ALVAREZ, GLORIA |
| Address | 901 SW 128TH AVENUE APT 405 |
| City-State-Zip: | PEMBROKE PINES FL 33027 |

| | |
|-----------------|------------------------------------|
| Title | DIRECTOR |
| Name | RODRIGUEZ, ELIZABETH |
| Address | 1901 BRICKELL AVENUE APT # B904 |
| City-State-Zip: | MIAMI FL 33129 |

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: MARITZA SALCEDO**MGR****04/05/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date