

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N06000009336

**Entity Name:** CENTRO MUNDIAL DE AVIVAMIENTO, INC

**Current Principal Place of Business:**

80 SW 8TH STREET - SUITE 2055  
MIAMI, FL 33130

**Current Mailing Address:**

80 SW 8TH STREET - SUITE 2055  
MIAMI, FL 33130

**FEI Number:** 20-5480815

**Certificate of Status Desired:** No

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

PAUL R. ALFIERI, P.L.  
5143 NW 42 TERRACE  
COCONUT CREEK, FL 33073 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 DIRECTOR, PRESIDENT  
Name RODRIGUEZ, RICARDO  
Address 80 SW 8TH STREET - SUITE 2055  
City-State-Zip: MIAMI FL 33130

Title DIRECTOR, VP  
Name RODRIGUEZ, MARIA P  
Address 80 SW 8TH STREET - SUITE 2055  
City-State-Zip: MIAMI FL 33130

Title DIRECTOR  
Name RIVERA, ABRAHAM  
Address 80 SW 8TH STREET - SUITE 2055  
City-State-Zip: MIAMI FL 33130

Title DIRECTOR, ASST. SECRETARY  
Name COLLAZOS, ALVARO G  
Address 80 SW 8TH STREET - SUITE 2055  
City-State-Zip: MIAMI FL 33130

Title DIRECTOR, SECRETARY  
Name VELEZ, ORLANDO H  
Address 80 SW 8TH STREET - SUITE 2055  
City-State-Zip: MIAMI FL 33130

Title DIRECTOR  
Name CALDERON, ANGELA  
Address 80 SW 8TH STREET - SUITE 2055  
City-State-Zip: MIAMI FL 33130

Title DIRECTOR, TREASURER  
Name CORTEZ, MARIA C  
Address 80 SW 8TH STREET - SUITE 2055  
City-State-Zip: MIAMI FL 33130

Title DIRECTOR  
Name NIEVES, EDWIN  
Address 80 SW 8TH STREET - SUITE 2055  
City-State-Zip: MIAMI FL 33130

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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: RICARDO RODRIGUEZ**

**PRESIDENT**

**05/13/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            MOLINA, RENE F  
Address        80 SW 8TH STREET - SUITE 2055  
City-State-Zip: MIAMI FL 33130