

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003493

Entity Name: AYUDAME A VIVIR FOUNDATION, INC.**Current Principal Place of Business:**201 S. BISCAYNE BLVD., SUITE 800
MIAMI, FL 33131**Current Mailing Address:**201 S. BISCAYNE BLVD., SUITE 800
MIAMI, FL 33131**FEI Number:** 20-8866291**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAW CENTER OF THE AMERICAS, LLC
201 SOUTH BISCAYNE BOULEVARD
SUITE 800
MIAMI, FL 33131 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	GUTIERREZ MAYORGA, PATRICIA
Address	C/O 201 S. BISCAYNE BLVD., STE. 800
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR, VICE-PRESIDENT
Name	LOPEZ PEREZ DE LARA, MARIANA
Address	C/O 201 S. BISCAYNE BLVD, SUITE 800
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR, TREASURER
Name	RUATA BOPPEL, ALVARO
Address	C/O 201 S. BISCAYNE BLVD., STE 800
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR, ASSISTANT SECRETARY
Name	MEYER, JAMES M
Address	201 S. BISCAYNE BLVD., SUITE 800
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR, SECRETARY
Name	PALOMO MARROQUIN, CONSUELO MARIA
Address	C/O 201 S. BISCAYNE BLVD., STE. 800
City-State-Zip:	MIAMI FL 33131

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: JAMES M. MEYERDIRECTOR/ASSISTANT
SECRETARY

04/08/2015

Electronic Signature of Signing Officer/Director Detail_____
Date