

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000888

Entity Name: CICAMEX COMUNIDAD INTEGRADA CENTRO AMERICA-MEXICO INC.**FILED**
Apr 30, 2020
Secretary of State
5807734870CC**Current Principal Place of Business:**1661 SW 19TH TERRACE
MIAMI DADE, FL 33145**Current Mailing Address:**1661 SW 19TH TERRACE
MIAMI DADE, FL 33145 US**FEI Number: 26-1858815****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RUEDA, LEOBARDO
1661 SW 19TH TERRACE
MIAMI DADE, FL 33145 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	PRES
Name	RUEDA, LEOBARDO
Address	1661 SW 19TH TERRACE
City-State-Zip:	MIAMI DADE FL 33145

Title	VICE-PRESIDENT
Name	VELASQUEZ, JUAN
Address	1740 NW 16TH STREET
City-State-Zip:	MIAMI DADE FL 33125

Title	D
Name	ALFARO, JOSE
Address	5307 SW 138TH PL
City-State-Zip:	MIAMI DADE FL 33175

Title	D
Name	RUEDA, YESENIA DEL CARMEN
Address	2734 SW 16TH TERRACE APT-05
City-State-Zip:	MIAMI DADE FL 33145

Title	D
Name	DIAZ, DINA
Address	790 SE 5TH PL
City-State-Zip:	HIALEAH FL 33010

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: LEOBARDO RUEDA**PRESIDENT****04/30/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date