

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000009080

Entity Name: THE ARHMF FOUNDATION, INC.**Current Principal Place of Business:**2525 PONCE DE LEON BLVD., SUITE 1225
CORAL GABLES, FL 33134**Current Mailing Address:**2525 PONCE DE LEON BLVD., SUITE 1225
CORAL GABLES, FL 33134**FEI Number: 46-1048810****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INTERAMERICAN CORPORATE SERVICES LLC
2525 PONCE DE LEON BLVD., SUITE 1225
CORAL GABLES, FL 33134 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	D
Name	AVILA, ALCIDES I
Address	2525 PONCE DE LEON BLVD., SUITE 1225
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	RODRIGUEZ, WILFREDO A
Address	2525 PONCE DE LEON BLVD., SUITE 1225
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	HERNANDEZ, EUGENIO
Address	2525 PONCE DE LEON BLVD., SUITE 1225
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	MENA, DANIEL O
Address	2525 PONCE DE LEON BLVD., SUITE 1225
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	GARRO, ASNARDO
Address	2525 PONCE DE LEON BLVD., SUITE 1225
City-State-Zip:	CORAL GABLES FL 33134

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: ALCIDES I. AVILA**DIRECTOR****04/24/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date