

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000009684

**FILED  
Apr 20, 2020  
Secretary of State  
3409098230CC**

**Entity Name:** DINA CARRION FOUNDATION INC

**Current Principal Place of Business:**

20375 SW 5TH STREET  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

20375 SW 5TH STREET  
PEMBROKE PINES, FL 33029

**FEI Number: 81-4031079**

**Certificate of Status Desired: No**

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

CARRION-VANEGAS, AIDA M  
20375 SW 5TH STREET  
PEMBROKE PINES, FL 33029 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 PD  
Name CARRION-VANEGAS, AIDA M  
Address 20375 SW 5TH STREET  
City-State-Zip: PEMBROKE PINES FL 33029

Title VP  
Name GONZALEZ, AIDA L  
Address 20375 SW 5TH STREET  
City-State-Zip: PEMBROKE PINES FL 33029

Title T  
Name VANEGAS, OSCAR A  
Address 20375 SW 5TH STREET  
City-State-Zip: PEMBROKE PINES FL 33029

Title DIRECTOR MEMBER  
Name JEREZ, ANA KARINA  
Address 7500 RED ROAD  
A  
City-State-Zip: SOUTH MIAMI FL 33143

Title DIRECTOR MEMBER  
Name LOPEZ-CONNORS, DAMARIS  
Address 3653 S LABREA AVE.  
City-State-Zip: LOS ANGELES CA 90016

Title SECRETARY  
Name RODRIGUEZ, MARJOURIE  
DELCARMEN  
Address 3043 SW 16TH ST  
City-State-Zip: MIAMI FL 33145

*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: AIDA M. CARRION-VANEGAS**

**PRESIDENT**

**04/20/2020**

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

\_\_\_\_\_  
Date