

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

DOCUMENT# N17000005367

**Entity Name:** AMIGOS DEL FOLKLORE INC.

**Current Principal Place of Business:**

7257 NW 12 ST.  
MIAMI, FL 33126

**Current Mailing Address:**

7257 NW 12 ST.  
MIAMI FL, FL 33126

**FEI Number:** 82-1674655

**Certificate of Status Desired:** No

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

CAIANI, FLORENCIA D  
8416 NW 8TH ST  
MIAMI, FL 33126 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  
Name CAIANI, FLORENCIA D  
Address 8416 NW 8TH ST  
City-State-Zip: MIAMI FL 33126

Title PRESIDENT  
Name VALENZUELA , JOSE MANUEL  
Address 15505 NW 12 CT.  
City-State-Zip: PEMBROKE PINES FL 33028

Title S  
Name MEZA, ENRIQUE G.  
Address 6765 NW 169 ST.  
City-State-Zip: MIAMI FL 33015

Title TREASURER  
Name ANDANA , SANDRA L.  
Address 320 WEST PARK DR.  
#106  
City-State-Zip: MIAMI FL 33172

Title VP  
Name MIRANDA, HECTOR V.  
Address 1717 RODMAN ST 1  
City-State-Zip: HOLLYWOOD FL 33020

*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:** CAIANI, FLORENCIA ,D

**DIRECTOR**

**01/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date