

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001519

**Entity Name:** CENTRO CULTURAL ESPANOL DE COOPERACION  
IBEROAMERICANA, INC.

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**4588894747CC**

**Current Principal Place of Business:**

355 ALHAMBRA CIRCLE  
SUITE 1205  
CORAL GABLES, FL 33134

**Current Mailing Address:**

355 ALHAMBRA CIRCLE  
SUITE 1205  
CORAL GABLES, FL 33134 US

**FEI Number: 65-0718459**

**Certificate of Status Desired: No**

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

PREMIER REGISTERED AGENT INC.  
355 ALHAMBRA CIRCLE  
SUITE 1205  
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: RAUL J. VALDES-FAULI**

**04/30/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D, P  
Name LINARES, JULIAN  
Address 355 ALHAMBRA CIRCLE  
SUITE 1205  
City-State-Zip: CORAL GABLES FL 33134

Title HONORARY PRESIDENT  
Name LACADENA HIGUERA, JAIME  
Address 355 ALHAMBRA CIRCLE  
SUITE 1205  
City-State-Zip: CORAL GABLES FL 33134

Title D, VP  
Name NUNEZ, JUAN JOSE  
Address 355 ALHAMBRA CIRCLE  
SUITE 1205  
City-State-Zip: CORAL GABLES FL 33134

Title D, T  
Name FUENTES, MILTON  
Address 355 ALHAMBRA CIRCLE  
SUITE 1205  
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: JULIAN LINARES**

**DIRECTOR**

**04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date