

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

DOCUMENT# N99000002444

**Entity Name:** ASOCIACION EMERGENCIA AYACUCHO INC.

**FILED**  
**Mar 13, 2024**  
**Secretary of State**  
**3688317675CC**

**Current Principal Place of Business:**

7300 N. KENDALL DRIVE  
STE. 640  
MIAMI, FL 33156-7840

**Current Mailing Address:**

7300 N. KENDALL DRIVE  
STE. 640  
MIAMI, FL 33156-7840 US

**FEI Number:** 65-0920961

**Certificate of Status Desired:** Yes

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

VALLS, YOLANDA  
17630 NW 62 PLACE NORTH  
HIALEAH, FL 33015 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:** YOLANDA L. VALLS

03/13/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CASTAÑEDA, URSULA  
Address        798 CURTISWOOD DRIVE  
City-State-Zip: KEY BISCAYNE FL 33149

Title            SECRETARY  
Name            MIANI, GABRIELA  
Address        14660 SW 107 TERRACE  
City-State-Zip: MIAMI FL 33186

Title            TREASURER  
Name            VALLS, YOLANDA L  
Address        17630 N.W. 62 PLACE NORTH  
City-State-Zip: HIALEAH FL 33015

Title            VP  
Name            GOMEZ, MARIA SOLEDAD  
Address        10615 SW 136 COURT  
City-State-Zip: MIAMI FL 33186

Title            DIRECTOR  
Name            CEPEDA, VIOLETA  
Address        7200 SW 109 TERRACE  
City-State-Zip: PINECREST FL 33156

Title            DIRECTOR  
Name            SCERPELLA, PATRICIA  
Address        15405 SW 82 COURT  
City-State-Zip: PALMETTO BAY FL 33157

Title            ASST. TREASURER  
Name            SANCHEZ, SONIA  
Address        11980 ASHFORD LANE  
City-State-Zip: DAVIE FL 33325

Title            DIRECTOR  
Name            ERRAEZ, LIGIA  
Address        4686 NW 107 AVENUE  
                  APT. 1302  
City-State-Zip: DORAL FL 33178

**Continues on page 2**

*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:** YOLANDA L VALLS

TREASURER

03/13/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MUINOS, ADRIANA  
Address 4000 SW 10 STREET  
City-State-Zip: MIAMI FL 33134

Title DIRECTOR  
Name MALTAGLIATI, MARIA LUCILA  
Address 4560 N JEFFERSON AVENUE  
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR  
Name HERNANDEZ, LAURA BEATRIZ  
Address 6547 SW 116 PLACE  
B  
City-State-Zip: MIAMI FL 33173

Title DIRECTOR  
Name COSTA, MARIA  
Address 16160 SW 250 STREET  
City-State-Zip: HOMESTEAD FL 33031

Title DIRECTOR  
Name DELGADO, NATHALIA  
Address 881 OCEAN DRIVE  
APT. 11E  
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR  
Name MEURRENS, ERICKA  
Address 8385 SW 162 STREET  
City-State-Zip: MIAMI FL 33157