

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002444

**FILED**  
**Jan 15, 2018**  
**Secretary of State**  
**CC0879200589**

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

**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:**

CEPEDA, VIOLETA  
7300 N. KENDALL DRIVE  
STE. 640  
MIAMI, FL 33156-7840 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 AMOROS, CARMEN-ROSA  
Address 9801 SW 73 CT.  
City-State-Zip: MIAMI FL 33156-3112

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

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

Title DIRECTOR  
Name GOMEZ, MARIA SOLEDAD  
Address 10615 SW 136 CT.  
City-State-Zip: MIAMI FL 33186

Title PRESIDENT  
Name CEPEDA, VIOLETA  
Address 7200 SW 109 TERR.  
City-State-Zip: PINECREST FL 33156

Title VP  
Name SCERPELLA, PATRICIA  
Address 15405 SW 82 CT.  
City-State-Zip: PALMETTO BAY FL 33157

Title DIRECTOR  
Name PATRON, MARICARMEN  
Address 14641 SW 83 CT.  
City-State-Zip: PALMETTO BAY FL 33158

Title DIRECTOR  
Name DENIS, BLANCA  
Address 16801 S.W. 83 AVE.  
City-State-Zip: PALMETTO BAY FL 33157

**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**

**01/15/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name AGUAYO, SONIA  
Address 9351 SW 118 PL.  
City-State-Zip: MIAMI FL 33186

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

Title CO-SECRETARY  
Name COUTO, SARAH  
Address 16842 SW 82 CT.  
City-State-Zip: PALMETTO BAY FL 33157

Title DIRECTOR  
Name TOWER, CARMEN  
Address 8250 SW 72 CT.  
APT. 216  
City-State-Zip: MIAMI FL 33143