

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002444

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

**FILED**  
**Mar 17, 2022**  
**Secretary of State**  
**3898589267CC**

**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 PL. N.  
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

03/17/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name AMOROS, CARMEN ROSA  
Address 9801 SW 73 CT.  
City-State-Zip: PINECREST 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 CO-SECRETARY  
Name GOMEZ, MARIA SOLEDAD  
Address 10615 SW 136 CT.  
City-State-Zip: MIAMI FL 33186

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

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

Title DIRECTOR  
Name DENIS, BLANCA  
Address 9841 SW 100 ST.  
City-State-Zip: MIAMI FL 33176

Title DIRECTOR  
Name ERRAEZ, CARLA LIGIA  
Address 4686 NW 107 AVE.  
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

03/17/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FRIEDHOFF, CAROLINA  
Address 6225 SW 106 ST.  
City-State-Zip: MIAMI FL 33156

Title DIRECTOR  
Name VALVERDE, MIRIAM  
Address 4700 NW 102 AVE.  
APT. 201  
City-State-Zip: DORAL FL 33178

Title DIRECTOR  
Name QUINTANA, CLAUDIA MIANI  
Address 6483 SW 25 ST.  
City-State-Zip: MIAMI FL 33155

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

Title DIRECTOR  
Name MUJINOS, ADRIANA  
Address 4000 SW 10 ST.  
City-State-Zip: MIAMI FL 33134

Title VP  
Name CASTAÑEDA, URSULA  
Address 798 CURTISWOOD DR.  
City-State-Zip: KEY BISCAYNE FL 33149

Title PRESIDENT  
Name COSTA, MARIA  
Address 16160 SW 250 ST.  
City-State-Zip: HOMESTEAD FL 33031