

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002444

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

**FILED**  
**Apr 02, 2023**  
**Secretary of State**  
**9964845021CC**

**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

04/02/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name AMOROS, CARMEN ROSA  
Address 8313 VAULTING ROAD  
City-State-Zip: LAKE WORTH FL 334636722

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 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, 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

04/02/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name COSTA, MARIA  
Address 16160 SW 250 ST.  
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 PRESIDENT  
Name CASTAÑEDA, URSULA  
Address 798 CURTISWOOD DR.  
City-State-Zip: KEY BISCAYNE FL 33149

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