

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002444

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	Title	CO-SECRETARY
Name	AGUAYO, SONIA	Name	COUTO, SARAH
Address	9351 SW 118 PL.	Address	16842 SW 82 CT.
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	PALMETTO BAY FL 33157
Title	DIRECTOR	Title	DIRECTOR
Name	ERRAEZ, CARLA LIGIA	Name	TOWER, CARMEN
Address	4686 NW 107 AVE. APT. 1302	Address	8250 SW 72 CT. APT. 216
City-State-Zip:	DORAL FL 33178	City-State-Zip:	MIAMI FL 33143