

2020 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:**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

02/13/2020

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 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 GILLET COUTO, SARAH
Address 16842 SW 82 CT.
City-State-Zip: PALMETTO BAY FL 33157

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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

02/13/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name MUINOS, ADRIANA
Address 4804 BILTMORE DR.
City-State-Zip: CORAL GABLES FL 33146

Title PRESIDENT
Name SANCHEZ DE VARONA, MARIA
Address 8790 SW 54 AVE.
City-State-Zip: MIAMI FL 33143

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

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

Title DIRECTOR
Name UNTERNAEHRER , NICOLE
Address 5538 SAN VICENTE ST.
City-State-Zip: CORAL GABLES FL 33146

Title VP
Name SANCHEZ DE VARONA, RAUL
Address 8790 SW 54 AVE.
City-State-Zip: MIAMI FL 33143

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