

2016 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
9130 SOUTH DADELAND BOULEVARD
SUITE 1607
MIAMI, FL 33156 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 73RD COURT
City-State-Zip:	MIAMI FL 33156-3112

Title	VP
Name	MIANI, GABRIELA
Address	14660 SW 107 TERRACE
City-State-Zip:	MIAMI FL 33186

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

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

Title	DIRECTOR
Name	CEPEDA, VIOLETA
Address	7200 S.W. 109 TERRACE
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	QUINTANA, CLAUDIA
Address	405 SW 29 CT, APT 2A
City-State-Zip:	MIAMI FL 33135

Title	ASST. TREASURER
Name	PATRON, MARICARMEN
Address	14641 SW 83RD COURT
City-State-Zip:	PALMETTO BAY FL 33158

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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

03/14/2016

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title SECRETARY
Name CARDENAS, ROSARIO
Address 15365 SW 11TH STREET
City-State-Zip: MIAMI FL 33194

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, #1302
City-State-Zip: DORAL FL 33178

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

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