

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004546

**Entity Name:** CITY OF HIALEAH SCHOLARSHIP FUND, INC.

**Current Principal Place of Business:**

501 PALM AVENUE, 4TH FLOOR  
HIALEAH, FL 33010

**Current Mailing Address:**

501 PALM AVENUE, 4TH FLOOR  
HIALEAH, FL 33010

**FEI Number: 26-0858442**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LLOYD-STILL, ROBERT M  
501 PALM AVENUE, 4TH FLOOR  
HIALEAH, FL 33010 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: ROBERT LLOYD-STILL**

**01/07/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ROBLES, ELISA  
Address        501 PALM AVENUE, 4TH FLOOR  
City-State-Zip: HIALEAH FL 33010

Title            TREASURER  
Name            SANTOYO, ALEXANDER  
Address        501 PALM AVENUE, 4TH FLOOR  
City-State-Zip: HIALEAH FL 33010

Title            VP  
Name            NAVEIRAS, CAROLINA  
Address        501 PALM AVENUE, 4TH FLOOR  
City-State-Zip: HIALEAH FL 33010

Title            SECRETARY  
Name            REGUEIRO, MARIA  
Address        501 PALM AVENUE  
City-State-Zip: HIALEAH FL 33010

*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: ELISA ROBLES**

**PRESIDENT**

**01/07/2020**

Electronic Signature of Signing Officer/Director Detail

Date