

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000007157

**Entity Name:** CITY OF HIALEAH EDUCATION ACADEMY, INC

**Current Principal Place of Business:**

2590 W 76TH STREET  
HIALEAH, FL 33016

**Current Mailing Address:**

6340 SUNSET DRIVE  
MIAMI, FL 33143

**FEI Number: 26-3087651**

**Certificate of Status Desired: No**

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

ACADEMICA CORPORATION  
6340 SUNSET DRIVE  
MIAMI, FL 33143 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 VC  
Name GONZALEZ, LUIS  
Address 2590 W 76TH STREET  
City-State-Zip: HIALEAH FL 33016

Title VP  
Name ALVAREZ, CARLOS  
Address 2590 W 76TH STREET  
City-State-Zip: HIALEAH FL 33016

Title VC, DIRECTOR, VP  
Name GARCIA-MARTINEZ, ISIS  
Address 2590 W 76TH STREET  
City-State-Zip: HIALEAH FL 33016

Title PCD  
Name HERNANDEZ, CARLOS  
Address 2590 W 76TH STREET  
City-State-Zip: HIALEAH FL 33016

Title D  
Name CARAGOL, JOSE F  
Address 2590 W 76TH STREET  
City-State-Zip: HIALEAH FL 33016

Title D  
Name CASALS-MUNOZ, VIVIAN  
Address 2590 W 76TH STREET  
City-State-Zip: HIALEAH FL 33016

Title DIRECTOR, SECRETARY,  
TREASURER  
Name CUE-FUENTE, KATHERINE E  
Address 2590 W 76TH STREET  
City-State-Zip: HIALEAH FL 33016

Title DIRECTOR  
Name HERNANDEZ, PAUL B  
Address 2590 W 76TH STREET  
City-State-Zip: HIALEAH FL 33016

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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: CARLOS ALVAREZ**

**VP**

**04/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            LOZANO, LOURDES  
Address        2590 W 76TH STREET  
City-State-Zip: HIALEAH FL 33016