

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000000154

**Entity Name:** ASSOCIATION OF OCOENOS RESIDING IN FLORIDA, INC

**Current Principal Place of Business:**

230 NW 87TH AVE #128  
MIAMI, FL 33172

**Current Mailing Address:**

230 NW 87TH AVE #128  
MIAMI, FL 33172 US

**FEI Number: 47-3811040**

**Certificate of Status Desired: No**

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

AGUASVIVAS, ANGEL  
230 NW 87TH AVE #128  
MIAMI, FL 33172 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 PD  
Name AGUASVIVAS, ANGEL  
Address 230 NW 87TH AVE #128  
City-State-Zip: MIAMI FL 33172

Title D  
Name PEREZ, JULISSA  
Address 1153 NW 123 CT  
City-State-Zip: MIAMI FL 33182

Title D  
Name GONZALEZ, MIGUEL  
Address 7814 NW 200 ST  
City-State-Zip: HIALEAH FL 33015

Title D  
Name ROA, JUAN  
Address 13400 SW 52ND ST  
City-State-Zip: MIAMI FL 33172

Title D  
Name GONZALEZ, LOURDES  
Address 3536 ESTPONA AVE  
City-State-Zip: DORAL FL 33178

Title T  
Name GONZALEZ, MANUEL  
Address 176 NW 73 AVE APT 102  
City-State-Zip: HIALEAH FL 33015

Title D  
Name TEJEDA, SONIA  
Address 1399 NW 17TH AVE  
City-State-Zip: MIAMI FL 33125

Title D  
Name AGUASVIVAS, NANCY GONZALEZ  
Address 230 NW 87TH APT 1-218  
City-State-Zip: MIAMI FL 33172

**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: JUAN ROA**

**D**

**05/03/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name GONZALEZ, MIGUEL  
Address 7418 NW 200 ST  
City-State-Zip: HIALEAH FL 33015

Title D  
Name ROA, JUAN  
Address 13400 SW 52TH ST  
City-State-Zip: MIAMI FL 33172

Title D  
Name RAMIREZ, NELSON  
Address 1950 NORTH OCEAN DR  
City-State-Zip: HOLLYWOOD FL

Title D  
Name PEREZ, JULISSA  
Address 1153 NW 123 CT  
City-State-Zip: MIAMI FL 33182

Title D  
Name GONZALEZ, LOURDES  
Address 3536 SW ESPONA AVE  
City-State-Zip: DORAL FL 33176