

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000011657

**FILED**  
**Apr 18, 2019**  
**Secretary of State**  
**0614603525CC**

**Entity Name:** SOCIEVEN FOUNDATION INC

**Current Principal Place of Business:**

7971 RIVIERA BOULEVARD  
SUITE 105  
MIRAMAR, FL 33023

**Current Mailing Address:**

7971 RIVIERA BOULEVARD  
SUITE 105  
MIRAMAR, FL 33023 US

**FEI Number:** 82-3487971

**Certificate of Status Desired:** No

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

CMA SYSTEMS INC  
130 HIDDEN COURT ROAD  
UNIT 25D  
HOLLYWOOD, FL 33023 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, VP  
Name NERI DE BECKHOFF, CARMEN T  
Address 7971 RIVIERA BLVD, SUITE 105  
City-State-Zip: MIRAMAR FL 33023

Title DIRECTOR  
Name GARCIA, CARLOS G  
Address 9778 NW 10TH STREET  
City-State-Zip: MIAMI FL 33172

Title DIRECTOR  
Name NERI, GABRIELA  
Address 710 N ITHAN AVE  
City-State-Zip: BRYN MAWR PA 99010

Title DIRECTOR  
Name ESTABA DE BOULTON, RHAIZA  
Address 14259 NW 18 MNR  
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR  
Name CHACON, OTILIA  
Address 2629 LINCOLN AVE  
City-State-Zip: MIAMI BEACH FL 33133

Title DIRECTOR  
Name BECKHOFF, VALERIA  
Address 310 W 4TH ST.  
APT.803  
City-State-Zip: WINSTON-SALEM NC 27101

Title DIRECTOR, SECRETARY  
Name ROMER, ANA  
Address 9113 NW 33RD ST  
City-State-Zip: MIAMI FL 33172

Title DIRECTOR, TREASURER  
Name HERNANDEZ, ANDRES  
Address 9113 NW 33RD ST.  
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:** ANDRES HERNANDEZ

**DIRECTOR**

**04/18/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR, PRESIDENT, CHAIRMAN  
Name NERY DE TROCONIS, MARIA DE LA LUZ  
Address CARRERA 17 #119-05, EDF. SAUCE  
#201  
City-State-Zip: BOGOTA 110111

Title DIRECTOR  
Name DOLMAN, MARIA  
Address 9113 NW 33RD ST.  
City-State-Zip: MIAMI FL 33172

Title DIRECTOR  
Name PLAZA, MARTA  
Address 4280 OAKS TERRACE  
APT.101  
City-State-Zip: POMPANO BEACH FL 33069