Entity Name: PADRE VICTOR HERNANDEZ, S.J. FOUNDATION, CORP			Secretary of State CC0828843818	
Current Prin 425 CALLE GO SAN CLEMENT			CC0020043010	
Current Mai	ling Address:			
	32 CROWN GATE DRIVE S, FL 33014 US			
FEI Number: 27-1196356			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
	MARIA ROSA SECRETARY 401 COLLINS AVE. NO. 1115 FL 33140 US			
The above named				
	l entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE	I entity submits this statement for the purpose of changing its regis : MARIA ROSA HERNANDEZ	tered office or regis	tered agent, or both, in the State of Florida. $03/30/201^{\circ}$	7
SIGNATURE		tered office or regis		7
SIGNATURE	EIECTRONIC SIGNATURE OF REGISTERED AGENT	tered office or regis	03/30/201	7
	EIECTRONIC SIGNATURE OF REGISTERED AGENT	tered office or regis	03/30/201	7
Officer/Diree	MARIA ROSA HERNANDEZ Electronic Signature of Registered Agent ctor Detail :		03/30/201 Date	7
Officer/Dire	MARIA ROSA HERNANDEZ Electronic Signature of Registered Agent Ctor Detail : PRESIDENT	Title	03/30/201 Date	7
Officer/Dire Title Name	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT PEREZ-MARTIN, ZULIMA J MARTIN/6932 CROWN GATE DRIVE	Title Name	03/30/201 Date T HERNANDEZ, MARIA R TREASURER 425 CALLE GOMEZ	7
Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT PEREZ-MARTIN, ZULIMA J MARTIN/6932 CROWN GATE DRIVE	Title Name Address	03/30/201 Date T HERNANDEZ, MARIA R TREASURER 425 CALLE GOMEZ	7
Officer/Direc Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : PRESIDENT PEREZ-MARTIN, ZULIMA J MARTIN/6932 CROWN GATE DRIVE MIAMI LAKES FL 33014	Title Name Address City-State-Zip:	03/30/201 Date T HERNANDEZ, MARIA R TREASURER 425 CALLE GOMEZ SAN CLEMENTE CA 92672	7

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010394

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: MARIA ROSA HERNANDEZ

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City-State-Zip: HIALEAH FL 33018

AUTHORIZED REPRESENTATIVE

ALAMIN, MARIA R

5072 CAMINITO LUISA

CAMARILLO CA 93012

Title

Name

Address

City-State-Zip:

TREASURER

City-State-Zip: MIAMI FL 33184

COO

CASTRO, BLANCA IRIS COO

15957 SW 50TH TERRACE

MIAMI FL 33185

Title

Name

Address

City-State-Zip:

03/30/2017

Electronic Signature of Signing Officer/Director Detail

FILED Mar 30, 2017 Secretary of State

Date