

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000010394

**FILED**  
**Apr 17, 2018**  
**Secretary of State**  
**CC4537620653**

**Entity Name:** PADRE VICTOR HERNANDEZ, S.J. FOUNDATION, CORP

**Current Principal Place of Business:**

425 CALLE GOMEZ  
SAN CLEMENTE, CA 92672

**Current Mailing Address:**

MARTIN/6932 CROWN GATE DRIVE  
MIAMI LAKES, FL 33014 US

**FEI Number:** 27-1196356

**Certificate of Status Desired:** No

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

HERNANDEZ, MARIA ROSA SECRETARY  
HERNANDEZ/5401 COLLINS AVE. NO. 1115  
MIAMI BEACH, FL 33140 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:** MARIA ROSA HERNANDEZ

04/17/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PEREZ-MARTIN, ZULIMA J  
Address        MARTIN/6932 CROWN GATE DRIVE  
City-State-Zip: MIAMI LAKES FL 33014

Title            T  
Name            HERNANDEZ, MARIA R TREASURER  
Address        425 CALLE GOMEZ  
City-State-Zip: SAN CLEMENTE CA 92672

Title            VP  
Name            LOPEZ, VIVIAN D  
Address        7001 WEST 35TH AVE.  
                  195  
City-State-Zip: HIALEAH FL 33018

Title            SECRETARY  
Name            HERNANDEZ, MARIA . SECRETARY  
Address        MARTIN/6932 CROWN GATE DRIVE  
City-State-Zip: MIAMI LAKES FL 33014

Title            AUTHORIZED REPRESENTATIVE  
Name            ALAMIN, MARIA R  
Address        5072 CAMINITO LUISA  
City-State-Zip: CAMARILLO CA 93012

Title            COO  
Name            CASTRO, BLANCA IRIS COO  
Address        15957 SW 50TH TERRACE  
City-State-Zip: MIAMI FL 33185

*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 R HERNANDEZ

**SECRETARY**

04/17/2018

Electronic Signature of Signing Officer/Director Detail

Date