

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Methman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V25963** (2)

1. Corporation Name
1734 PERUVIAN CORPORATION



Principal Place of Business: **125 WORTH AVE STE 209 PALM BEACH FL 33480**
Mailing Address: **251 ROYAL PALM WAY 6TH FLOOR PALM BEACH FL 33480**

3. Date Incorporated or Qualified: **03/31/1992**
3a. Date of Last Report: **06/23/1995**
4. FEI Number: **00-0000000** 65-0369513
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 Mendoza, Callas & Schilling**
2a. Mailing Address: **26 Mendoza, Callas & Schilling**
22. State, Apt. #, etc.:
23. City & State:
24. Zip: Country: 25. Country: 29. Zip: Country: 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DE MENDOZA, MARIO G III
251 ROYAL PALM WAY, 6TH FLOOR
PALM BEACH FL 33480**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____
I, _____, Registered Agent, agree to pay the fee of \$225.00.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE: <input type="checkbox"/> DELETE	NAME: DPST CHESTER, IRONS G	13.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: G. Chester Irons
12.2 STREET ADDRESS: 251 ROYAL PALM WAY, 6TH FL. PALM BEACH FL 33480	12.3 CITY, ST, ZIP: PALM BEACH FL 33480	13.2 STREET ADDRESS:	13.3 CITY, ST, ZIP:
12.4 TITLE: <input type="checkbox"/> DELETE	NAME: ASV DE MENDOZA, MARIO G III	13.4 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
12.5 STREET ADDRESS: 251 ROYAL PALM WAY, 6TH FL. PALM BEACH FL 33480	12.6 CITY, ST, ZIP: PALM BEACH FL 33480	13.5 STREET ADDRESS:	13.6 CITY, ST, ZIP:
12.7 TITLE: <input type="checkbox"/> DELETE	NAME: AS WILKINSON, DEBRA	13.7 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
12.8 STREET ADDRESS: 251 ROYAL PALM WAY, 6TH FL. PALM BEACH FL 33480	12.9 CITY, ST, ZIP: PALM BEACH FL 33480	13.8 STREET ADDRESS:	13.9 CITY, ST, ZIP:
12.9 TITLE: <input type="checkbox"/> DELETE	NAME:	13.9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
12.10 STREET ADDRESS:	12.10 CITY, ST, ZIP:	13.10 STREET ADDRESS:	13.10 CITY, ST, ZIP:
12.11 TITLE: <input type="checkbox"/> DELETE	NAME:	13.11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
12.12 STREET ADDRESS:	12.12 CITY, ST, ZIP:	13.12 STREET ADDRESS:	13.12 CITY, ST, ZIP:
12.13 TITLE: <input type="checkbox"/> DELETE	NAME:	13.13 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
12.14 STREET ADDRESS:	12.14 CITY, ST, ZIP:	13.14 STREET ADDRESS:	13.14 CITY, ST, ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed. See item attachment with an address.

SIGNATURE: *G. Chester Irons* Feb. 11, 1996 (lx)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
G. Chester Irons, President

(407) 659-1111

CR2E034 (12/95)