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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90176 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000001993

1. Corporation Name

ESTAMPAS PERUANAS SOCIAL-CULTURAL ORGANIZATION O F PALM BEACH COUNTY, INC.

Principal Place of Business
 2700 OKEECHOBEE BLVD
 WEST PALM BEACH FL 33409

Mailing Address
 2700 OKEECHOBEE BLVD
 WEST PALM BEACH FL 33409



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	04/06/1998
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	05-0857102
24. Country	29. Country	5. Certificate of Status Desired ☐
		Applied For ☐
		Not Applicable ☐
		6. Election Campaign Financing ☐
		Trust Fund Contribution ☐
		7. Additional Fee Required ☐
		\$8.75
		8. May Be Added to Fees ☐
		\$5.00

8. Name and Address of Current Registered Agent

MONTANEZ, CARLOS A
5700 OKEECHOBEE BLVD
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81. Name **PEDRO RIVERA**
 82. Street Address (P.O. Box Number is Not Acceptable)
2700 OKEECHOBEE BLVD.
 83. **WEST PALM BEACH**
 84. City **FL** 85. Zip Code **33409**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME		1.2 NAME	PRESIDENT
STREET ADDRESS		1.3 STREET ADDRESS	CARLOS A MONTANEZ
CITY-ST-ZIP		1.4 CITY-ST-ZIP	327 N. FEDERAL Highway (D)
			LE WITH 33460
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME		2.2 NAME	VICE-PRESIDENT
STREET ADDRESS		2.3 STREET ADDRESS	PEDRO RIVERA
CITY-ST-ZIP		2.4 CITY-ST-ZIP	2700 OKEECHOBEE BLVD. (D)
			(D.P.B. FL 33409)
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	SECRETARY
STREET ADDRESS		3.3 STREET ADDRESS	GIANNELLA
CITY-ST-ZIP		3.4 CITY-ST-ZIP	851 GARDENIA DR. (D)
			ROYAL PALM BEACH 33411
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	ZOLA MENDOZA
STREET ADDRESS		4.3 STREET ADDRESS	TREASURER
CITY-ST-ZIP		4.4 CITY-ST-ZIP	1332 WYNDCLIFF DR. (T)
			WELLINGTON, FL 33414
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	PUBLIC RELATIONS
STREET ADDRESS		5.3 STREET ADDRESS	NANCY RIVERA
CITY-ST-ZIP		5.4 CITY-ST-ZIP	2300 PARKER AVE (T)
			W.P.B. FL 33401
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	S. VOCAL
STREET ADDRESS		6.3 STREET ADDRESS	SERGIO HOYLE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	674 S CONGRESS (T)
			LANTANA 33460

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director
Signature **REQUIRED** **A. MONTANEZ** **4/27/99** **(56) 432-3658**
683-1222

CR2E037 (11/98)