


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F02000004492 1. Entity Name BANCO DE CREDITO DEL PERU	
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FILED
04 NOV -8 PM 4: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 121 ALHAMBRA PLAZA SUITE 1200 CORAL GABLES, FL 33134	Mailing Address 121 ALHAMBRA PLAZA SUITE 1200 CORAL GABLES, FL 33134
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State City & State	4. FEI Number NOT APPLICABLE
Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



10272004 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent HOLLAND & KNIGHT LLP 701 BRICKELL AVE., STE. 3000 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ROMERO, DIONISIO	NAME	
STREET ADDRESS	701 BRICKELL AVE., STE. 3000	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	NICOLINI, LUIS	NAME	
STREET ADDRESS	701 BRICKELL AVE., STE. 3000	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	CAMET, JORGE	NAME	
STREET ADDRESS	701 BRICKELL AVE., STE. 3000	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	FORT, FERNANDO	NAME	
STREET ADDRESS	701 BRICKELL AVE., STE. 3000	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	LLOSA, REYNALDO	NAME	
STREET ADDRESS	701 BRICKELL AVE., STE. 3000	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	NIERI, LUIS	NAME	
STREET ADDRESS	701 BRICKELL AVE., STE. 3000	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	

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11/08/04--01067--007 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marta E Rody 10/27/2004 (786) 999-1233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #