

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004492

Entity Name: BANCO DE CREDITO DEL PERU**Current Principal Place of Business:**121 ALHAMBRA PLAZA,
STE 1200
CORAL GABLES, FL 33134**Current Mailing Address:**121 ALHAMBRA PLAZA,
STE 1200
CORAL GABLES, FL 33134 US**FEI Number:** 13-2994246**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INTERAMERICAN CORPORATE SERVICES LLC
2525 PONCE DE LEON BLVD.
SUITE 1225
CORAL GABLES, FL 33134 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	ROMERO PAOLETTI, DIONISIO
Address	121 ALHAMBRA PLAZA, STE 1200
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	MORALES DASSO, RAIMUNDO
Address	121 ALHAMBRA PLAZA, STE 1200
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	BENAVIDES GANOZA, ROQUE
Address	121 ALHAMBRA PLAZA, STE 1200
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	CIGUENAS GUEVARA, BENEDICTO
Address	121 ALHAMBRA PLAZA, STE 1200
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	FORT MARIE, FERNANDO
Address	121 ALHAMBRA PLAZA, STE 1200
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	HOCHSCHILD BEECK, EDUARDO
Address	121 ALHAMBRA PLAZA, STE 1200
City-State-Zip:	CORAL GABLES FL 33134

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DIONISIO ROMERO PAOLETTI**PRESIDENT****02/11/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date