

**2022 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, DIRECTOR  
Name ROMERO BELISMELIS , LUIS  
Address 121 ALHAMBRA PLAZA,  
STE 1200  
City-State-Zip: CORAL GABLES FL 33134

Title VP, D  
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 DIRECTOR  
Name ABRUNA PUYOL, ANTONIO  
Address 121 ALHAMBRA PLAZA,  
STE 1200  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name ARANZABAL HARREGUY, MARIA  
TERESA  
Address 121 ALHAMBRA PLAZA,  
STE 1200  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name BRUCE VENTURA, BARBARA  
Address 121 ALHAMBRA PLAZA,  
STE 1200  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name GOUVEA, ALEXANDRE  
Address 121 ALHAMBRA PLAZA,  
STE 1200  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name LIZARRAGA GUTHERTZ, PATRICIA  
Address 121 ALHAMBRA PLAZA,  
STE 1200  
City-State-Zip: CORAL GABLES FL 33134

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*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:** LUIS ROMERO BELISMELIS

P, D

02/23/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MAGALHAES, HELIO  
Address 121 ALHAMBRA PLAZA,  
STE 1200  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name DIEZ CANSECO, LESLIE PIERCE  
Address 121 ALHAMBRA PLAZA,  
STE 1200  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name RUBIO FEIJOO, PEDRO  
Address 121 ALHAMBRA PLAZA,  
STE 1200  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name PESCHIERA FERNANDEZ, MARCO  
Address 121 ALHAMBRA PLAZA,  
STE 1200  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name PINASCO MENCHELLI, IRZIO  
Address 121 ALHAMBRA PLAZA,  
STE 1200  
City-State-Zip: CORAL GABLES FL 33134