


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **F96000003363 (6)**

1. Corporation Name

**PERUVIAN FOUNDATION FOR EDUCATION AND HEALTH, IN
C.**

Principal Place of Business

Mailing Address

**1160 N. FEDERAL HWY., STE. 1124
FT. LAUDERDALE FL 33304**

**1160 N. FEDERAL HWY., STE. 1124
FT. LAUDERDALE FL 33304**

97 OCT - 9 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/02/1996	3a. Date of Last Report
4. FEI Number 36-3979657	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**FLORES, CARLOS A
1160 N. FEDERAL HWY., STE. 1124
FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CP <input type="checkbox"/> DELETE
NAME	FLORES, CARLOS A (Director)
STREET ADDRESS	1160 N. FEDERAL HWY., STE. 1124
CITY-ST-ZIP	FT. LAUDERDALE FL 33304
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	PRUSS, EDGAR G
STREET ADDRESS	11110 N. KENDAL DR., STE. 104
CITY-ST-ZIP	MIAMI FL 33178-0901
TITLE	DS <input type="checkbox"/> DELETE
NAME	ALVA, SILVIO (Director)
STREET ADDRESS	5800 SW 92ND AVE.
CITY-ST-ZIP	MIAMI FL 33173
TITLE	DT <input type="checkbox"/> DELETE
NAME	CHUECA, TERESA (Director)
STREET ADDRESS	535 N. UNIVERSITY DR.
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CARLOS A. FLORES (D)
1.3 STREET ADDRESS	1160 N. FEDERAL HWY. - Suite 1124
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33304
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SILVIO ALVA (D)
3.3 STREET ADDRESS	5800 SW 92ND AVE.
3.4 CITY-ST-ZIP	MIAMI, FL 33173
4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TERESA CHUECA (D)
4.3 STREET ADDRESS	535 N. UNIVERSITY DRIVE
4.4 CITY-ST-ZIP	Plantation, FL 33324
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE **CARLOS A. FLORES** 9/8/97 (954) 764-3053

CR2E037 (4/97)