# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Jan 23, 2009**
**Secretary of State**

DOCUMENT# N07000007377

**Entity Name:** ASOCIACION INTERNACIONAL PERUANO-AMERICANA INC.

**Current Principal Place of Business:**

13837 SW 142ND AVE
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

11727 SW 113TH TERR
MIAMI, FL 33186

**New Mailing Address:**

13837 SW 142 AVE
MIAMI, FL 33186

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POMA, PIO P
13769 SW 157 TERR
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

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: PIO POMA
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | POMA, PIO P | |
| Address: | 13837 SW 142ND AVE | |
| City-St-Zip: | MIAMI, FL 33186 | |
| Title: | VP | ( ) Delete |
| Name: | GARCES, EDUARDO H | |
| Address: | 10112 SW 145TH CT | |
| City-St-Zip: | MIAMI, FL 33186 | |
| Title: | D | ( ) Delete |
| Name: | POMA, CLAUDIA F | |
| Address: | 8365 SW 152ND AVE # 114 | |
| City-St-Zip: | MIAMI, FL 33193 | |
| Title: | D | ( ) Delete |
| Name: | CARRASCO, SAMUEL | |
| Address: | 20250 SW 155ND AVE | |
| City-St-Zip: | MIAMI, FL 33187 | |
| Title: | C | ( ) Delete |
| Name: | POMA, CESAR E | |
| Address: | 11727 SW 113TH TERR | |
| City-St-Zip: | MIAMI, FL 33186 | |
| Title: | D | ( ) Delete |
| Name: | ZAPATA, ALBA | |
| Address: | 15131 SW 138 TERR | |
| City-St-Zip: | MIAMI, FL 33193 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL CARRASCO OFF 01/23/2009
Electronic Signature of Signing Officer or Director — Date