# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:05

DOCUMENT # N21206 (0)

1. Corporation Name
CLUB PERUANO DE TAMPA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 20381<br>TAMPA FL 33622-0381 | P.O. BOX 20381<br>TAMPA FL 33622-0381 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1987
3a. Date of Last Report: 07/08/1994
4. FEI Number: 59-2850782 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BEJARANO, MARIA C
8235 DONALDSON DR.
TAMPA FL 33615

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | BEGARANO, CARMEN | 12 NAME | |
| STREET ADDRESS | 8235 DONALDSON DR. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 14 CITY-ST-ZIP | |
| TITLE | VD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | GRANDA, ISABEL | 22 NAME | |
| STREET ADDRESS | 215 E. PALM AVE. | 23 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 24 CITY-ST-ZIP | |
| TITLE | TD | 31 TITLE | ☑ Change ☐ Addition |
| NAME | CHANDLER, NILDA | 32 NAME | TD<br>COOK, DEBORAH |
| STREET ADDRESS | 7813 LAKE CYPRESS DR. | 33 STREET ADDRESS | 320 REGAL PARK DRIVE |
| CITY-ST-ZIP | ODESSA FL | 34 CITY-ST-ZIP | VALRICO, FL |
| TITLE | S | 41 TITLE | ☐ Change ☐ Addition |
| NAME | DELGADO, VICTOR | 42 NAME | |
| STREET ADDRESS | 500 VONDERBURG DR., STE. 204 | 43 STREET ADDRESS | |
| CITY-ST-ZIP | BRANDON FL | 44 CITY-ST-ZIP | |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | DAVILA, EDGAR | 52 NAME | |
| STREET ADDRESS | 17707 PKWY. GREEN LN. | 53 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 54 CITY-ST-ZIP | |
| TITLE | S | 61 TITLE | ☐ Change ☐ Addition |
| NAME | DEAMBROSE, ROSARIO | 62 NAME | |
| STREET ADDRESS | 938 RIVERHILLS DR. | 63 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 64 CITY-ST-ZIP | |

REMITTED BY MAIL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Debbie Cook / DEBBIE COOK 04-24-95 (813)878-7323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014630