

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N21206**

(0)

1. Corporation Name

CLUB PERUANO DE TAMPA, INC.

Principal Place of Business

P.O. BOX 20381
TAMPA FL 33622-0381

Mailing Address

P.O. BOX 20381
TAMPA FL 33622-0381



400001881064
-07/02/96--01014--009

***61.25

3. Date Incorporated or Qualified
06/18/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEJARANO, MARIA C
8235 DONALDSON DR.
TAMPA FL 33615

81 Name

BATJIAKA, SYLVIA

82 Street Address (P.O. Box Number is Not Acceptable)

6302 CHAUNCEY STREET

83

84 City

TAMPA

FL

85 Zip Code
33625

I, 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

Sylvia Batjiaka

Signature of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | BEGARANO, CARMEN | |
| STREET ADDRESS | 8235 DONALDSON DR. | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | GRANDA, ISABEL | |
| STREET ADDRESS | 215 E. PALM AVE. | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | COOK, DEBORAH | |
| STREET ADDRESS | 320 REGAL PARK DR | |
| CITY-ST-ZIP | VALRICO FL | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | DELGADO, VICTOR | |
| STREET ADDRESS | 500 VONDERBURG DR., STE. 204 | |
| CITY-ST-ZIP | BRANDON FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | DAVILA, EDGAR | |
| STREET ADDRESS | 17707 PKWY. GREEN LN. | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | DEAMBROSE, ROSARIO | |
| STREET ADDRESS | 936 RIVERHILLS DR. | |
| CITY-ST-ZIP | TAMPA FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|------------------------------|--|
| 11 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME | BATJIAKA, SYLVIA | |
| 13 STREET ADDRESS | 6302 CHAUNCEY STREET | |
| 14 CITY-ST-ZIP | TAMPA, FLORIDA 33625 | |
| 21 TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME | MELENDEZ, DIANE | |
| 23 STREET ADDRESS | 4510 OLD ORCHID DRIVE | |
| 24 CITY-ST-ZIP | TAMPA, FLORIDA 33624 | |
| 31 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | COOK, DEBORAH | |
| 33 STREET ADDRESS | 11112 ELMFIELD DRIVE | |
| 34 CITY-ST-ZIP | TAMPA, FLORIDA 33625 | |
| 41 TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME | MENDEZ, LOURDES | |
| 43 STREET ADDRESS | 4700 NORTH HABANA, SUITE 303 | |
| 44 CITY-ST-ZIP | TAMPA, FLORIDA 33614 | |
| 51 TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52 NAME | SCHMIDT, ELLA | |
| 53 STREET ADDRESS | 17601 CRANBROOK DRIVE | |
| 54 CITY-ST-ZIP | LUTZ, FLORIDA 33549 | |
| 61 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 62 NAME | CAHUAS, TATIANA | |
| 63 STREET ADDRESS | 16814 LE CLARE SHORES DRIVE | |
| 64 CITY-ST-ZIP | TAMPA, FLORIDA 33614 | |

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)(k), 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: *Debbie Cook* / **DEBBIE COOK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/96

Date

813-878-7300

Daytime Phone #

CR2E037 (12/95)