

FILE NOW: FILING FEE IS \$61.25

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Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21206** (0)

1. Corporation Name

**CLUB PERUANO DE TAMPA, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 20381  
TAMPA FL 33622-0381

P.O. BOX 20381  
TAMPA FL 33622-0381



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**06/18/1987**

3a. Date of Last Report  
**07/01/1996**

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

10. Name and Address of New Registered Agent

**BATJAKA, SYLVIA**  
**6302 CHAUNCY STREET**  
**TAMPA FL 33625**

81 Name

**Edna Mc Cauley**

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

**3416 W. Caracas St.**

83

**Tampa,**

84 City

**FL**

85 Zip Code  
**33614**

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

*Edna Mc Cauley*

**4/10/97**

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	<input type="checkbox"/> DELETE
NAME	BATJAKA, SYLVIA	
STREET ADDRESS	6302 CHAUNCY STREET	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MELENDEZ, DIANE	
STREET ADDRESS	4510 OLD ORCHID DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COOK, DEBORAH	
STREET ADDRESS	11112 ELMFIELD DRIVE	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MENDEZ, LOURDES	
STREET ADDRESS	4700 NORTH HABANA, SUITE 303	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHMIDT, ELLA	
STREET ADDRESS	17601 CRANBROOK DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAHUAS, TATIANA	
STREET ADDRESS	16814 LE CLARE SHORES DRIVE	
CITY-ST-ZIP	TAMPA FL 33614	

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Edna Mc Cauley	
1.3 STREET ADDRESS	3416 W. Caracas St.	
1.4 CITY-ST-ZIP	Tampa, FL 33614	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dr. Fernando Delasquez	
2.3 STREET ADDRESS	2906 W. Tampa Bay	
2.4 CITY-ST-ZIP	Tampa, FL 33614	
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mercedes Herra	
3.3 STREET ADDRESS	4528 W. Hine hahn	
3.4 CITY-ST-ZIP	Tampa, FL 33614	
4.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Amara Scorsari	
4.3 STREET ADDRESS	3001 W. Kirby	
4.4 CITY-ST-ZIP	Tampa, FL 33614	
5.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Tatiana Cahuas	
5.3 STREET ADDRESS	16814 La Clare Shore	
5.4 CITY-ST-ZIP	Tampa, FL 33624	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Laura Laurent	
6.3 STREET ADDRESS	3377 Landing Court	
6.4 CITY-ST-ZIP	Palm Harbor, FL 34684	

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: *Edna Mc Cauley* REQUIRED

**3/29/97** (813) 879-8115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0048579

CR2E037 (9/96)