

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90029 029 ****61.25

DOCUMENT #

1. Corporation Name

CLUB PERUANO DE TAMPA, INC.

Principal Place of Business

Mailing Address

P.O. Box 20381
Tampa, FL 33622-0381

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/18/1987

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

9. Name and Address of Current Registered Agent

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

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
NAME Edna Mc Cauley
STREET ADDRESS 3416 W. Caracas St.
CITY-ST-ZIP Tampa, FL 33614 ☐ DELETE

TITLE VD
NAME Velasquez, Fernando Jr.
STREET ADDRESS 2906 W. Tampa Bay
CITY-ST-ZIP Tampa, FL 33614 ☐ DELETE

TITLE TD
NAME Hera, Mercedes
STREET ADDRESS 4538 Minchana
CITY-ST-ZIP Tampa, FL 33614 ☐ DELETE

TITLE S
NAME Nelly Belledone
STREET ADDRESS 3901 Braestgate
CITY-ST-ZIP Tampa, FL 33624 ☐ DELETE

TITLE D
NAME Revello, Maria Antonieta
STREET ADDRESS 5501 Reflections Blvd.
CITY-ST-ZIP Lutz, FL 33549 ☐ DELETE

TITLE S
NAME Cahuas, Tatiana
STREET ADDRESS 6814 Le Clare Shores Dr.
CITY-ST-ZIP Tampa, FL 33624 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Edna Mc Cauley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Edna Mc Cauley)

May 5, 99

879-8183
Daytime Phone #

CR2E037 (1/98)