

**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 JUN 12 AM 9:11

DOCUMENT # **N41175 (3)**  
1. Corporation Name  
**PERUVIAN-AMERICAN CHAMBER OF COMMERCE, INC.**

Principal Place of Business Mailing Address  
**444 BRICKELL, SUITE M-126 MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/11/1990** 3a. Date of Last Report **05/17/1994**  
4. FEI Number **65-0266513** 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, USZ, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**AVILA, ALCIDES I., ESQUIRE**  
**444 BRICKEL AVE**  
**M-126**  
**MIAMI FL 33131**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RAUL, L DEL SOLAR
STREET ADDRESS	444 BRICKELL AVE., STE M-126
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	ORLANDO, LOU
STREET ADDRESS	444 BRICKELL AVE STE M-126
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	SPEZIANI, HUMBERTO
STREET ADDRESS	444 BRICKELL AVE STE STE M-126
CITY - ST - ZIP	MIAMI FL
TITLE	C
NAME	RISCO, JORGE
STREET ADDRESS	444 BRICKELL SUITE M126
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	FEDERICO, PEREZ EGUREN
STREET ADDRESS	444 BRICKELL AVE., STE M-126
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	PEREZ-EGUREN, FEDERICO
STREET ADDRESS	444 BRICKELL AVE STE M-126
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ENRIQUE, ORIHUELA	
13 STREET ADDRESS	444 Brickell Ave., Ste. M-126	
14 CITY - ST - ZIP	Miami, FL	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	FELIPE WOLL	
23 STREET ADDRESS	444 Brickell Ave. Ste. M126	
24 CITY - ST - ZIP	Miami, FL	
31 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	UMBERTO CRIPPA	
33 STREET ADDRESS	444 Brickell Ave. Ste. M-126	
34 CITY - ST - ZIP	Miami, FL	
41 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	HUMBERTO, SPEZIANI	
43 STREET ADDRESS	444 Brickell Ave. Ste. M-126	
44 CITY - ST - ZIP	Miami, FL	
51 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	FELIPE WOLL	
53 STREET ADDRESS	444 Brickell Ave. Ste., M-126	
54 CITY - ST - ZIP	Miami, FL	
61 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	FELIPE WOLL	
63 STREET ADDRESS	444 Brickell Ave. Ste M-126	
64 CITY - ST - ZIP	Miami, FL	

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)(4), 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: *[Signature]* x 5/12/95 x 305 375-0885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Day/Mo/Yr)