

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N41175** (3)
1. Corporation Name
PERUVIAN-AMERICAN CHAMBER OF COMMERCE, INC.



Principal Place of Business 444 BRICKELL, SUITE M-126 MIAMI FL 33131		Mailing Address 444 BRICKELL, SUITE M-126 MIAMI FL 33131-2469	
2. Principal Place of Business 21 444 BRICKELL AVE.		2a. Mailing Address 26 444 Brickell Ave.	
Suite, Apt. #, etc. 22 311		Suite, Apt. #, etc. 27 311	
City & State 23 MIAMI, FL.		City & State 28 MIAMI, FL.	
Zip 24 33131		Zip 29 33131	
Country 25		Country 30	
3. Date Incorporated or Qualified 12/11/1990		3a. Date of Last Report 03/22/1996	
4. FEI Number 65-0266513		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent AVILA, ALCIDES I., ESQUIRE 444 BRICKELL 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WOLL, FELIPE	1.2 NAME	BURASCHI, JOSE
STREET ADDRESS	444 BRICKELL AVENUE STE M-126	1.3 STREET ADDRESS	444 Brickell Ave, suite 311
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL. 33131
TITLE	VD	2.1 TITLE	
NAME	UMBERTO, CRIPPA	2.2 NAME	
STREET ADDRESS	444 BRICKELL AVE STE M-126	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TD
NAME	FRANCO, CASTRO	3.2 NAME	PEDROSO, HENRY
STREET ADDRESS	444 BRICKELL AVE STE M-126	3.3 STREET ADDRESS	444 Brickell Ave, suite 311
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL. 33131
TITLE	SD	4.1 TITLE	SD
NAME	FERNANDINI, ERNESTO	4.2 NAME	PEREZ, FEDERICO
STREET ADDRESS	444 BRICKELL SUITE M126	4.3 STREET ADDRESS	444 Brickell Ave, suite 311
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL. 33131
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:  **ERNESTO FERNANDINI** **04/30/97** **(305) 375-0885**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026900

CR2E037 (9/96)