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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # N41175

(3)

PERUVIAN-AMERICAN CHAMBER OF COMMERCE, INC.

FILED May 20 1997 8:00am Secretary of State



						BRI BIRI BIJAH BIJIA B	[[]]	PRO m imis pod
Principal Place of	f Business	Mailing Address) (\$1219 981
444 BRICKELL. SUITE M-126 Miami FL 33131		444 BRICKELL, SUITE I MIAMI FL 33131-2469	M-126					
					3. Date incorporated or Qualified 12/11/1990	d 3a. Date	of Last Re 3/22/198	eport 6
2. Principal Place	e of Business ICKELL AVE.	28. Mailing Address 26. 444 Brid	rell A	YC.	4. FEI Number 65-0266513			plied For t Applicable
Suite, Apt. #, 6		Suite, Apt. #, etc.		- 1 -1	5. Certificate of Status Desired		\$8.75 A	Idditional
City & State 23 MiAMi	i. FL.	City & State 28 Michi	, FL.		Election Campaign Financing Trust Fund Contribution	, D	\$5.00 Added 1	
Zip 24 33131	Country	Zip 29 33131	Gou 30	ntry	This corporation has liability to Florida Statutes		a relogu x	
	9. Name and Address of Cur		1901	,	10. Name and Address of New			
				81 Name				
AVILA, ALCI	DDES I., ESQUIRE			82 Street Ad	dress (P.O. Box Number is Not Accept	table)		
444 BRICKE			ſ	J. Greet AC	mines (1.0) box radiliber is lack woost	nucioj		
M-126				63				
MIAMI FL 33131				84 City		FL	85 Zip (Code
11. Pursuant to th	the provisions of Sections 617.0	1502 and 617 1508 Florida St	atutes, the at	nove-named co	progration submits this statement for th		henoina iti	s registered
office or regis	istered agent, or both, in the St	ate of Florida. Such change w	as authorized	d by the corpor	orporation submits this statement for the ation's board of directors. I hereby ac	cept the appoi	ntment as	registered
agent Lamifa	familiar with, and accept the ob	ligations of, Section 617.0503	3, Florida Stat	utes.				
SIGNATURE							,	
SIGNATURE	nature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered		juired when reinstaling)	DATÉ		······
SIGNATURE Sign	nature, typed or printed name of registered OFFICERS /	agent and title if applicable.	(NOTE: Registered	d Agent algnature req	guired when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND D		······
SIGNATURE Sign 12.	OFFICERS /	agent and title if applicable.	(NOTE: Registered	d Agent algnature req	ADDITIONS/CHANGES TO OF	DATE FICERS AND E	DIRECTOR Change	S IN 12
SIGNATURE Sign 12. IITLE NAME	OFFICERS / PD WOLL, FELIPE	agent and title of applicable. AND DIRECTORS DELETE	(NOTE: Registered 13. 1.1 Til 1.2 No	Agent algnature req	ADDITIONS/CHANGES TO OF PD SURASCHI, JOSE 144 BRICKELL AUE., SU	DATE FICERS AND E	DIRECTOR Change	S IN 12
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SIGNATURE	PD WOLL, FELIPE 444 BRICKELL AVENUE ST MIAMI FL VD	agent and title of applicable. AND DIRECTORS . LY DELETE E M-126	(NOTE: Registered 13. 1.1 Til 1.2 NA 1.3 ST 1.4 CI	TLE MME TREET ADDRESS TY-ST-ZIP TLE	ADDITIONS/CHANGES TO OF PD SURASCHI, JOSE 144 BRICKELL AUE., SU	date ficers and d le laite 31	DIRECTOR 1 Change	S IN 12
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I am an officer or director of the Carporation 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.