


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northen</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N41175 (3)</b> Corporation Name <b>PERUVIAN-AMERICAN CHAMBER OF COMMERCE, INC.</b>					



Principal Place of Business <b>444 BRICKELL AVE 377</b> <b>MIAMI FL 33131</b> <b>US</b>		Mailing Address <b>444 BRICKELL AVE 311</b> <b>MIAMI FL 33131</b> <b>US</b>	
<b>21</b> Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	<b>22</b> Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	<b>23</b> Mailing Address Suite, Apt. #, etc. City & State Zip Country	<b>24</b> Mailing Address Suite, Apt. #, etc. City & State Zip Country

<b>3.</b> Date Incorporated or Qualified <b>12/11/1990</b>	
<b>4.</b> FEI Number <b>65-0266513</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7.</b> Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>AVILA, ALOIDES I., ESQUIRE</b> <b>444 BRICKELL AVE</b> <b>M-126</b> <b>MIAMI FL 33131</b>		<b>10. Name and Address of New Registered Agent</b> <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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**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.

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> <b>PD</b> <b>BURASCHI, JOSE</b> <b>444 BRICKELL AVENUE STE M-126</b> <b>MIAMI FL</b>	<input checked="" type="checkbox"/> DELETE	<b>1.1 TITLE</b> <b>PD</b> <b>FEDERICO PEREZ E.</b> <b>444 Brickell Ave, Ste. 311</b> <b>Miami, FL 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>VD</b> <b>UMBERTO, CRIPPA</b> <b>444 BRICKELL AVE STE M-126</b> <b>MIAMI FL</b>	<input checked="" type="checkbox"/> DELETE	<b>2.1 TITLE</b> <b>VD</b> <b>HENRY PEDROSO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>TD</b> <b>PEDROSO, HENRY</b> <b>444 BRICKELL AVE STE 311</b> <b>MIAMI FL</b>	<input checked="" type="checkbox"/> DELETE	<b>3.1 TITLE</b> <b>TD</b> <b>JORGE PRUQUE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>SD</b> <b>PEREZ, FEDERICO</b> <b>444 BRICKELL AVE STE 311</b> <b>MIAMI FL</b>	<input checked="" type="checkbox"/> DELETE	<b>4.1 TITLE</b> <b>SD</b> <b>JOSE FIGAROLA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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.

**SIGNATURE:** *[Signature]* **2/2/98 (305) 375-0885**

CR2E037 (10/97)