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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N94000002578

1. Corporation Name

CLUB HUANCAYO DE MIAMI, INC.

Principal Place of Business

**318 ALHAMBRA CIRCLE
CORAL GABLES FL 33134**

Mailing Address

**318 ALHAMBRA CIRCLE
CORAL GABLES FL 33134**



2. Principal Place of Business

21 2121 Coral Way

Suite, Apt. #, etc.

22

City & State
Miami, Florida

Zip Country

24 33145 25 U.S.A.

2a. Mailing Address

26 2121 Coral Way

Suite, Apt. #, etc.

27

City & State
Miami, Florida

Zip Country

29 33145 30 U.S.A.

3. Date Incorporated or Qualified

05/23/1994

4. FEI Number

65-0492828

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

**AWUA PARA, OLGA
318 ALHAMBRA CIRCLE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

AWUAPARA OLGA

82 Street Address (P.O. Box Number is Not Acceptable)

2121 Coral Way

83

84 City

Miami

FL

85 Zip Code

33145

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 **Olga A. Wuapara**
Signature typed or printed name of registered agent and title if applicable.

President

(NOTE: Registered Agent signature required when reinstating)

2-3-99
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **AWUA PARA, OLGA**
STREET ADDRESS **318 ALHAMBRA CIRCLE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VD** ☒ DELETE
NAME **MONGE, JESUS**
STREET ADDRESS **13060 SW 108 ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☒ DELETE
NAME **LARRAURI, PIEDAD**
STREET ADDRESS **13679 SW 62 ST. NO. 106**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **TD** ☒ DELETE
NAME **ALVA, YOLANDA**
STREET ADDRESS **5800 SW 92 AVE.**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **OLGA AWUAPARA**
1.3 STREET ADDRESS **2221 Coral Way Miami, Fl. 33145**
1.4 CITY-ST-ZIP

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **SILVIO ALVA**
2.3 STREET ADDRESS **5800 SW 92 Ave**
2.4 CITY-ST-ZIP **Miami, Fl. 33173**

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

4.1 TITLE **TD** ☒ Change ☐ Addition
4.2 NAME **RUBEN MARMANILLO**
4.3 STREET ADDRESS **10628 SW 145 Ave**
4.4 CITY-ST-ZIP **Miami, Fl. 33186**

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: **Olga A. Wuapara**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-99 (305) 860-9599
Date Daytime Phone #

CR2E037 (11/98)