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 MAY -1 PM 12:50

DOCUMENT # N94000003196 (2)

1. Corporation Name

ASOCIACION PERUANA DE BROWARD, INC.

Principal Place of Business	Mailing Address
1007 N. FEDERAL HIGHWAY. #232 FORT LAUDERDALE FL 33304-1437	1007 N. FEDERAL HIGHWAY. #232 FORT LAUDERDALE FL 33304-1437

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1994
3a. Date of Last Report:
4. FEI Number: 65-0494069 ☐ Applied For ☐ Not Applicable

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

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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRINGAS, ROCIO G
505 PINE ISLAND ROAD
APT. 302
PLANTATION FL 33324

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number Is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE T	PRESIDENTE ☑ Change ☐ Addition
NAME	RAMIREZ, MARIA C	12 NAME	CARLOS A. FLORES
STREET ADDRESS	2273 NOVA VILLAGE DRIVE	13 STREET ADDRESS	1160 N. FEDERAL HWY. APT. 1124
CITY-ST-ZIP	DAVIE FL 33317	14 CITY-ST-ZIP	FORT LAUDERDALE, FL. 33304
TITLE	ATD	21 TITLE D	VICE-PRESIDENT ☑ Change ☑ Addition
NAME	RAMOS, ROSA	22 NAME	CARLOS GALAREZO
STREET ADDRESS	700 CONCH SHELL WAY	23 STREET ADDRESS	2049 SOUTH OCEAN DRIVE - APT B-1001
CITY-ST-ZIP	PLANTATION FL 33324	24 CITY-ST-ZIP	HALLANDALE, FL. 33309
TITLE T	SD	31 TITLE T	☐ Change ☐ Addition
NAME	BRINGAS, ROCIO G	32 NAME	
STREET ADDRESS	505 PINE ISLAND ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE T	☐ Change ☐ Addition
NAME	AREVALO, MARIA A	42 NAME	
STREET ADDRESS	200 N.W. 65TH TERRACE	43 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	44 CITY-ST-ZIP	
TITLE		51 TITLE D	VICE-PRESIDENT ☐ Change ☑ Addition
NAME		52 NAME	GRACIELA CHONG
STREET ADDRESS		53 STREET ADDRESS	7050 N.W. 4TH STREET - SUITE # 206
CITY-ST-ZIP		54 CITY-ST-ZIP	PLANTATION, FL. 33317
TITLE		61 TITLE D	PUBLIC RELATIONS DIRECTR ☐ Change ☑ Addition
NAME		62 NAME	ROSARIO TOLEDO
STREET ADDRESS		63 STREET ADDRESS	288 N.W. 69TH AVENUE - Apt. 171
CITY-ST-ZIP		64 CITY-ST-ZIP	PLANTATION, FL 33317

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carlos A. Flores (CARLOS A. FLORES) 4/28/95 (305) 764-3053
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

SUBMITTED BY: [illegible]

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