

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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**

3. Date Incorporated or Qualified
06/28/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

65-0494069

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **MARIA A. AREVALO**

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

200 NW 65TH TERRACE

83

84 City

Plantation

FL

85 Zip Code

33317

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 617.0508, Florida Statutes.

SIGNATURE

Maria A. Arevalo

(NOTE: Registered Agent signature required when reinstating)

04-30-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PT FLORES, CARLOS A**
STREET ADDRESS **116 N FEDERLA HWY APT 1124**
CITY-ST-ZIP **FT LAUDERDALE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DVP BALAREZO, CARLOS**
STREET ADDRESS **2049 S OCEAN DR APT E-1001**
CITY-ST-ZIP **HALLANDALE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SDT BRINGAS, ROCIO G**
STREET ADDRESS **505 PINE ISLAND ROAD**
CITY-ST-ZIP **PLANTATION FL**

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

TITLE ☐ DELETE
NAME **TTD AREVALO, MARIA A**
STREET ADDRESS **200 N.W. 65TH TERRACE**
CITY-ST-ZIP **PLANTATION FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VPD CHONG, GRACIELA**
STREET ADDRESS **7050 NW 4TH ST STE 206**
CITY-ST-ZIP **PLANTATION FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D TOLEDO, ROSARIO**
STREET ADDRESS **288 NW 69TH AVE APT 171**
CITY-ST-ZIP **PLANTATION FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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:

Carlos A. Flores (CARLOS A. FLORES)

4/30/96

(954) 524-5527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)