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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003196 (2)**

1. Corporation Name

ASOCIACION PERUANA DE BROWARD, INC.



Principal Place of Business 1007 N. FEDERAL HIGHWAY, #232 FORT LAUDERDALE FL 33304-1437	Mailing Address 1007 N. FEDERAL HIGHWAY, #232 FORT LAUDERDALE FL 33304-1422
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3. Date Incorporated or Qualified 06/28/1994	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 1007 N. FEDERAL HWY Suite, Apt. #, etc. 22 241 City & State 23 FORT LAUDERDALE, FL. Zip 24 33304-1437	2a. Mailing Address 25 1007 N. FEDERAL HWY Suite, Apt. #, etc. 27 241 City & State 28 FORT LAUDERDALE, FL Zip 29 33304-1437 Country 30 Broward
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4. FEI Number 65-0494069	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent AREVALO, MARIA 200 HW 65TH TERRACE APT. 302 PLANTATION FL 33317	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT FLORES, CARLOS A STREET ADDRESS 116 N FEDERLA HWY APT 1124 CITY-ST-ZIP FT LAUDERDALE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DVP BALAREZO, CARLOS STREET ADDRESS 2049 S OCEAN DR APT E-1001 CITY-ST-ZIP HALLANDALE FL	1.2 NAME	
TITLE	SDT BRINGAS, ROCIO G STREET ADDRESS 505 PINE ISLAND ROAD CITY-ST-ZIP PLANTATION FL	1.3 STREET ADDRESS	
TITLE	TTD AREVALO, MARIA A STREET ADDRESS 200 N.W. 65TH TERRACE CITY-ST-ZIP PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	VPD CHONG, GRACIELA STREET ADDRESS 7050 NW 4TH ST STE 206 CITY-ST-ZIP PLANTATION FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D TOLEDO, ROSARIO STREET ADDRESS 288 NW 69TH AVE APT 171 CITY-ST-ZIP PLANTATION FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 *Carlos A. Flores* 3/26/97 (954) 764-3053

CR2E037 (9/96)