ANNUAL REPORT
1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004440

1. Corporation Name
PERUVIAN IMAGE CULTURAL GROUP, INC.

Principal Place of Business / Mailing Address
8870-3 SW 40th Street
Suite 212
Miami, Fl. 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: Sep. 6, 1994
3a. Date of Last Report:

4. FEI Number: 65-0520064 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 8870-3 SW 40th Street
22 Suite, Apt. #, etc.: 212
23 City & State: Miami, Fl.
24 Zip: 33165
25 Country: DADE

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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

CARLOS MACEDO
8870-3 SW 40th Street
Miami, Fl. 33165

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
000001444630
83 -03/31/95--01021--015
****138.75 ****138.75
84 City: FL 85 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: [signature] Carlos Macedo 1/30/95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Pres. / D. Gloria Macedo 11452 SW 42nd Street MIami, Fl. 33165	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V.P. / D. Jaime CAmacho 3455 SW 99th Ave MIami, Fl. 33165	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Secretary / D Marlene Macedo 11452 S.W. 42 Street Miami, Fl. 33165	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Treasurer / D Simon HUaman 8870-3 SW 40th St. Miami, Fl. 33165	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	Sergent of Arms / D Pablo Paytan 3320 SW 63rd Ave. Miami, Fl. 33155	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	Public Relations / D Carlos Macedo 11452 SW 42nd St. Miami, Fl. 33165	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemption pursuant to s. 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: Gloria Macedo 1/30/95 (305) 551-8452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #