

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT



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

FILED

97 APR 11 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

N 94000004440

1. Corporation Name

PERUVIAN IMAGE CULTURAL GROUP, INC.  
GRUPO CULTURAL IMAGEN PERUANA, INC

Principal Place of Business

8870-3 SW 40th Street  
Suite 212  
Miami, Fl. 33165

Mailing Address

8870-3 SW 40th Street  
Suite 212  
Miami, Fl. 33165

3. Date Incorporated or Qualified  
09/06/94

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0520064

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

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

81 Name

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

83

84 City

FL

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MACEDO, GLORIA

11452 SW 42 Street

Miami, Fl. 33165

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CAMACHO, JAIME

-3455-SW-99th-Ave-

-Miami-Fl-33165-

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MACEDO, MARLENE

11452--SW--42--Street

Miami-Fl-33165----

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MACEDO, CARLOS

11452 SW 42 Street

Miami Fl. 33165

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

300002159023-4

-04/29/97-01100-009

\*\*\*\*\*122.50 \*\*\*\*\*122.50

☒ Change ☐ Addition

11470 SW 41 Terrace

Miami, Fl. 33165

☒ Change ☐ Addition

CAMACHO, MARLENE

11470 SW 41 Terrace

Miami, Fl. 33165

☐ Change ☐ Addition

300002159023-4

-04/29/97-01100-010

\*\*\*\*\*8.75 \*\*\*\*\*8.75

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

*Glenn Macedo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Glenn Macedo

SIGNATURE REQUIRED MACEDO 4-3-97 (805) 553-2229

Date

Daytime Phone #

2062

# PERUVIAN IMAGE CULTURAL GROUP GRUPO CULTURAL IMAGEN PERUANA

8870-3 SW 40th ST. MIAMI FL. 33165 PH. 305/553-2229 \* 551-8452 \* FAX 553-1622

March 3rd, 1997

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

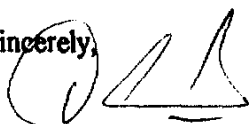
Gentleman:

In confirmation to our telephone conversation and on behalf of PERUVIAN IMAGE CULTURAL GROUP / GRUPO CULTURAL IMAGEN PERUANA, I am enclosing and application for reinstatement and a check # 2577 for the sum of \$122.50, from one of our sponsors: C & S International, to cover for the Nonprofit Corporation Annual Reports years 1996 and 1997.

As we explained in our telephone conversation with one of your representatives We have never received a notice for the year 1996 or this present year, and is in our best interest that all our books and records be up to day.

We appreciated your help in this matter and we thank-you in advance for your understanding. If you have any questions, please do not hesitate to contact us.

Sincerely,



Carlos Macedo  
Director  
Advisor & P. Relations

Note: Enclosed please find also our check to cover the additional fee to obtain the Certificate of Status.

EL GRUPO DE LA JUVENTUD PERUANA \* THE PERUVIAN YOUTH GROUP