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Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90141 017 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000004440

1. Corporation Name

PERUVIAN IMAGE CULTURAL GROUP, 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



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

3. Date Incorporated or Qualified

09/06/1994

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACEDO, CARLOS  
8870-3 S.W. 40TH ST.  
MIAMI FL

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

CARLOS MACEDO

4-26-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MACEDO, GLORIA  
STREET ADDRESS 11452 SW 42ND ST.  
CITY-ST-ZIP MIAMI FL 33165

☒ DELETE

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

PD  
Gloria MACEDO  
10741 SW 49 Terr.  
MIAMI, FL. 33165

☒ Change ☐ Addition

TITLE VPD  
NAME CAMACHO, JAIME  
STREET ADDRESS 11470 SW 41 TERRACE  
CITY-ST-ZIP MIAMI FL 33165

☒ DELETE

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

VPT  
MARLENE CAMACHO  
11452 SW 42 St.  
MIAMI, FL. 33165

☒ Change ☐ Addition

TITLE SD  
NAME CAMACHO, MARLENE  
STREET ADDRESS 11470 SW 41 TERRACE  
CITY-ST-ZIP MIAMI FL 33165

☒ DELETE

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

SECRETARY  
Maribel Romero  
8515 SW 42 Terr  
Miami, FL. 33155

☒ Change ☐ Addition

TITLE PDT  
NAME MACEDO, CARLOS  
STREET ADDRESS 11452 SW 42 STREET  
CITY-ST-ZIP MIAMI FL 33165

☒ DELETE

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

T  
Maria Sheen  
11452 SW 42 St.  
Miami, FL. 33165

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

Public Relations  
Carlos macedo  
10741 SW 49 Terr.  
Miami, FL. 33165

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

MD  
Severina Vargas  
11445 SW 53 Terr  
Miami, FL. 33165

☐ Change ☒ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 (30) 553-2229

Date

Daytime Phone #

CR2E037 (11/98)