

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N95000002539 ✓

1. Corporation Name

CLUB AREQUIPA DE LOS EE. UU., INC.

Principal Place of Business

1402 KENNEDY CAUSEWAY  
SUITE 219  
N BAY VILLAGE FL 33141  
US

Mailing Address

1402 N. BAY VILLAGE  
SUITE 219  
N BAY VILLAGE FL 33141

2. Principal Place of Business

21 8991 SW 107 AVE

Suite, Apt. #, etc.

22 200

City & State

23 MIAMI FLORIDA

Zip

24 33176 25 USA

2a. Mailing Address

26 8991 SW 107 AVE

Suite, Apt. #, etc.

27 200

City & State

28 MIAMI FLORIDA

Zip

29 33176 30 USA

3. Date Incorporated or Qualified

05/30/1995

4. FEI Number

65-0761713

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

VALDIVIA, SONNIA V  
1402 N. BAY VILLAGE  
SUITE 219  
N BAY VILLAGE FL 33141

10. Name and Address of New Registered Agent

81 Name

FERNANDO N. LLERENA

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

8991 SW 107 AVE #200

83

84 City

MIAMI

FL

85 Zip Code

33176

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.

FERNANDO N. LLERENA PRESIDENT

3-2-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME PD  
STREET ADDRESS VALDIVIA, SONNIA V  
1900 S. TREASURE DR. NO. 9T  
CITY-ST-ZIP N BAY VILLAGE FL 33141

TITLE ☒ DELETE

NAME SVD  
STREET ADDRESS LLOSA, ABDUL  
16920 S.W. 92ND AVE.  
CITY-ST-ZIP MIAMI FL 33157

TITLE ☒ DELETE

NAME TD  
STREET ADDRESS RODRIQUEZ, ALEX  
9977 S.W. 142ND AVE.  
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME P  
1.3 STREET ADDRESS LLERENA, FERNANDO N.  
11401 SW 95 STREET  
1.4 CITY-ST-ZIP MIAMI FL 33176

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME V  
2.3 STREET ADDRESS VIZCARRA, JAVIER  
8011 SW 97 AVE  
2.4 CITY-ST-ZIP MIAMI FL 33173

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME T  
3.3 STREET ADDRESS LLERENA, GLADYS P.  
11401 SW 95 STREET  
3.4 CITY-ST-ZIP MIAMI FL 33176

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

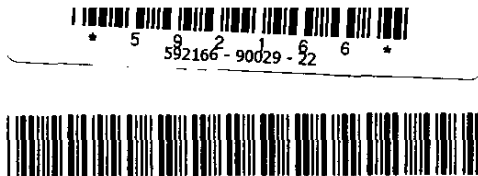
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
FERNANDO N. LLERENA

3-2-99 (305) 273-4499  
Date Daytime Phone #

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90074 010 \*\*\*\*70.00



CR2E037 (5/99)