

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  
**1996**



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

DOCUMENT # **N95000004681 (1)**

1. Corporation Name

**UNION PERU SOCIAL CLUB INC.**

Principal Place of Business

**625 N.E. 164TH STREET  
NORTH MIAMI BEACH FL 33162**

Mailing Address

**625 N.E. 164TH STREET  
NORTH MIAMI BEACH FL 33162**



3. Date Incorporated or Qualified  
**10/02/1995**

3a. Date of Last Report  
**N/A.**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

☒ 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

**PINEDO, LUCIO  
625 N.E. 164TH STREET  
NORTH MIAMI BEACH FL 33162**

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

**LUCIO PINEDO**

**6-10-96**

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 **P** ☒ DELETE  
NAME **PINEDO, LUCIO**  
STREET ADDRESS **625 N.E. 164TH STREET**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **S** ☒ DELETE  
NAME **MACEDO, ATILIO**  
STREET ADDRESS **610 N. 69TH TERRACE**  
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **T** ☒ DELETE  
NAME **MACEDO, ALFONSO**  
STREET ADDRESS **610 N. 69TH TERRACE**  
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **PINEDO LUCIO**  
1.3 STREET ADDRESS **625 NE 164th Street**  
1.4 CITY-ST-ZIP **North Miami Beach FL 33162**

2.1 TITLE **D** ☒ Change ☐ Addition  
2.2 NAME **MACEDO ATILIO**  
2.3 STREET ADDRESS **610 N. 69th TERRACE**  
2.4 CITY-ST-ZIP **HOLLYWOOD FL 33024**

3.1 TITLE **D** ☒ Change ☐ Addition  
3.2 NAME **MACEDO ALFONSO**  
3.3 STREET ADDRESS **610 N. 69th TERRACE**  
3.4 CITY-ST-ZIP **HOLLYWOOD FL 33024**

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 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:

**LUCIO PINEDO**

**6-10-96 (305) 956-9661**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)