

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 MAY 21 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N97000006293 (1)

1. Corporation Name

EL SOL - USA PERUVIAN ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1800 NW 25 AVE.
MIAMI FL 33125

1800 NW 25 AVE.
MIAMI FL 33125

3. Date Incorporated or Qualified

11/07/1997

4. FEI Number

65-0792289

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 6890 SW 19 ST.

26 6890 SW 19 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33155 25 USA

29 33155 30 USA

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACEDO, CARLOS
1800 NW 25 AVE.
MIAMI FL 33125

81 Name

FRANCISCO OSPINA

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

6890 SW 19 ST.

83

84 City

Miami

FL

85 Zip Code

33155

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME DP
STREET ADDRESS OSPINA, FRANCISCO
CITY-ST-ZIP 6890 SW 19 ST.
MIAMI FL 33155

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

TITLE ☐ DELETE
NAME DV
STREET ADDRESS OSPINA, VICTOR
CITY-ST-ZIP 1800 NW 25 AVE.
MIAMI FL 33125

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

TITLE ☐ DELETE
NAME DS
STREET ADDRESS CUEVA, JULIAN
CITY-ST-ZIP 501 - 79 ST., APT.1
MIAMI BEACH FL 33141

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

TITLE ☐ DELETE
NAME DT
STREET ADDRESS FELIX, JAVIER
CITY-ST-ZIP 1971 NE 177 ST.
N. MIAMI BEACH FL 33162

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

TITLE ☐ DELETE
NAME D
STREET ADDRESS HERRERA, ALFONSO
CITY-ST-ZIP 1800 NW 25 AVE.
MIAMI FL 33125

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

TITLE ☐ DELETE
NAME D
STREET ADDRESS FELIX, SONIA
CITY-ST-ZIP 1971 NE 177 ST.
N. MIAM BEACH FL 33162

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.

SIGNATURE:

FELIX, FRANCISCO

4/30/98 (305) 2660473

CR2E037 (10/97)