


FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000006293					
1. Corporation Name EL SOL - USA PERUVIAN ASSOCIATION, INC.					
Principal Place of Business 6890 SW 19TH ST MIAMI FL 33155			Mailing Address 6890 SW 19TH ST MIAMI FL 33155		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/07/1997	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0792289		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	

9. Name and Address of Current Registered Agent OSPINA, FRANCISCO 6890 SW 19TH ST MIAMI FL 33155				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OSPINA, FRANCISCO			1.2 NAME			
STREET ADDRESS	6890 SW 19 ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33155			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OSPINA, VICTOR			2.2 NAME			
STREET ADDRESS	1600 NW 25 AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33125			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CUEVA, JULIAN			3.2 NAME			
STREET ADDRESS	501 - 79 ST., APT.1			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33141			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FELIX, JAVIER			4.2 NAME			
STREET ADDRESS	1971 NE 177 ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH FL 33162			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERRERA, ALFONSO			5.2 NAME			
STREET ADDRESS	1600 NW 25 AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33125			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FELIX, SONIA			6.2 NAME			
STREET ADDRESS	1971 NE 177 ST.			6.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAM BEACH FL 33162			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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99 (305) 266 0473
Date Daytime Phone #

CR2E037 (11/98)