

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 18, 2001 08:00 AM
Secretary of State

DOCUMENT # N97000007111

1. Entity Name
 "PERU-INKA" CULTURAL ASSOCIATION, INC.

Principal Place of Business 10619 W. ATLANTIC BLVD. PMB #123 CORAL SPRINGS FL 33071	Mailing Address 10619 W. ATLANTIC BLVD. PMB #123 CORAL SPRINGS FL 33071
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2. Principal Place of Business 1510 LAKEVIEW CIRCLE	3. Mailing Address 80 N RIVERSIDE DRIVE
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Suite, Apt. #, etc.	Suite, Apt. #, etc. PO BOX 771645
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City & State CORAL SPRINGS FL	City & State CORAL SPRINGS FL
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Zip 33071	Country US	Zip 33077	Country US
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4. FEI Number 65-0809746	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BALTRAN FERNANDO
 9605 N.W. 28TH COURT
 CORAL SPRINGS FL 33065 US

7. Name and Address of New Registered Agent

Name
 LOPEZ MARCOS A
 Street Address (P.O. Box Number is Not Acceptable)
 1510 LAKEVIEW CIRCLE
 City
 CORAL SPRINGS FL Zip Code
 33071

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE MARCOS A LOPEZ DATE 02/18/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERA ROBERTO 10133 NW 48TH DRIVE CORAL SPRINGS FL 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIOS RAUL 237 NW 117 AVE. CORAL SPRINGS FL 33071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ MARCOS A 1510 LAKEVIEW CIRCLE CORAL SPRINGS FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marcos A Lopez D 02/18/2001

CR2E037 (11/00)