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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000001993

1. Corporation Name

ESTAMPAS PERUANAS SOCIAL-CULTURAL ORGANIZATION O F PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
2700 OKEECHOBE BLVD WEST PALM BEACH FL 33409	2700 OKEECHOBE BLVD WEST PALM BEACH FL 33409

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
04/06/1998

4. FEI Number
65-0857102
☐ 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

MONTANEZ, CARLOS A
5700 OKEECHOBEE BLVD
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name: PEDRO RIVERA
82 Street Address (P.O. Box Number is Not Acceptable): 2700 OKEECHOBEE BLVD.
83 WEST PALM BEACH
84 City: FL 85 Zip Code: 33409

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] 4/27/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition PRESIDENT CARLOS A MONTANEZ 327 N. FEDERAL HIGHWAY (D) LK WTH 33460
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition VICE-PRESIDENT PEDRO RIVERA 2700 OKEECHOBEE BLVD. (D) W.P.B. FL 33409
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition CESAR SECRETARY GIANNELLA 851 CALDENIA DR (D) ROYAL PALM BCH 33411
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ Addition ZOILA MENDOZA TREASURER 1332 WYNDCLIFF DR. (T) WELLINGTON, FL 33414
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☒ Addition PUBLIC RELATIONS NANCY RIVERA 2300 PARKER AVE (T) W.P.B FL. 33401
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☒ Addition 5. VOCAL SERGIO HOYLE 6774 S CONGRESS (T) LANTANA 33460

CR2E037 (11/98)

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: ~~CARLOS A. MONTANEZ~~ SIGNATURE REQUIRED CARLOS A. MONTANEZ 4/27/99 (561) ~~432-3658~~ 683-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone