

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000051577 (2)

1. Corporation Name  
PERU ENTERPRISES, CORP.



Principal Place of Business

8951 SW 142 AVE. NO. 1-110  
MIAMI FL 33186

Mailing Address

8951 SW 142 AVE. NO. 1-110  
MIAMI FL 33186-1244

3. Date Incorporated or Qualified  
07/08/1994

3a. Date of Last Report  
05/22/1996

2. Principal Place of Business

21 11450 SW 14 ST  
Suite, Apt. #, etc.

22 No. 429 A

City & State

23 Miami, FL

24 Zip 33174

25 Country USA

2a. Mailing Address

26 11450 SW 14 ST  
Suite, Apt. #, etc.

27 No. 429 A

City & State

28 Miami, FL

29 Zip 33174

30 Country U.S.A.

4. FEI Number

65-0504841

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

LAU, YAZMIN R  
8951 SW 142 AVE, NO. 1-110  
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name YAZMIN R LAU  
82 Street Address (P.O. Box Number is Not Acceptable)  
11450 SW 14 ST  
No 429 A  
83 City Miami, FL 33174 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAU, YAZMIN R	
STREET ADDRESS	8951 SW 142 AVE, NO. 1-110	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	NELLY, VILCHEZ	
STREET ADDRESS	8951 SW 142 AVE, NO. 1-110	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ARMANDO, LAU	
STREET ADDRESS	8951 SW 142 AVE, NO. 1-110	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LAU, YAZMIN R	
1.3 STREET ADDRESS	11450 SW 14 ST NO. 429 A	
1.4 CITY - ST - ZIP	MIAMI, FL 33174	
2.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VILCHEZ, NELLY	
2.3 STREET ADDRESS	11450 SW 14 ST NO. 429 A	
2.4 CITY - ST - ZIP	MIAMI, FL 33174	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LAU, ARMANDO	
3.3 STREET ADDRESS	11450 SW 14 ST NO. 429 A	
3.4 CITY - ST - ZIP	MIAMI, FL 33174	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/97 (305) 3489595

CR2E034 (9/96)