

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000000409

1. Corporation Name

TRANS PERU TRADING CORPORATION

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

3a. Date of Last Report

01/04/95

2. Principal Place of Business

2a. Mailing Address

21 8536 S.W. 107 AV.

26 8536 S.W. 107 AV.

4. FEI Number

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

22 D 1

27 D 1

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33173

25 U.S.A.

29 33173

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

CARLOS F. CHUMBIANCA

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

8536 S.W. 107 AV.

83

No. D 1

84 City

Miami

FL

85

Zip Code

33173

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]*

Signature of Registered Agent (Signature Required when registering)

4/29/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☒ DELETE  
NAME FRANCISCO TELADA  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.D., S. ☒ Change ☐ Addition  
1.2 NAME CARLOS F. CHUMBIANCA  
1.3 STREET ADDRESS 8536 S.W. 107 AV. No. D 1  
1.4 CITY - ST - ZIP Miami, FL 33173

2.1 TITLE V.D. ☐ Change ☒ Addition  
2.2 NAME JORGE TORRES  
2.3 STREET ADDRESS 8536 S.W. 107 AV. No. D 1  
2.4 CITY - ST - ZIP Miami, FL 33173

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

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME 500001847085  
5.3 STREET ADDRESS -06/03/96--01017--009  
5.4 CITY - ST - ZIP \*\*\*200.00

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

4/29/96

DATE

(305) 274 9824

TELEPHONE #

CP25034 (12/95)