2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P96000085757 1. Entity Name PERUVIAN-AMERICAN CLUB INC. 03-20-2000 90066 023 ***150.00 Mailing Address Principal Place of Business 10975 S.W. 52ND DRIVE 10975 S.W. 52ND DRIVE MIAMI FL 33165 MIAMI FL 33165-6904 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City!& State 4. FEI Number Applied For City & State 65-0706774 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VASQUEZ, VICENTE Street Address (P.O. Box Number is Not Acceptable) 10975 S.W. 52ND DRIVE **MIAMI FL 33165** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete Change VASQUEZ, VICENTE NAME NAME 10975 S.W,. 52ND DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL VD ☐ Change Addition ☐ Delete TITLE TITLE RIOS, GRIMALDO NAME NAME 3870 WEST 10TH CT R STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE VASQUEZ, STEPHEN O NAME NAME 4151 S,W, 110TH COURT STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAM! FL ☐ Change Addition Delete TITLE LEVANO, PEDRO NAME STREET ADDRESS 22635 NE 204 TERR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33180 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Sfatutes. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

03-14-00 Date

Daytime Phone #