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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$47904 1. Corporation Name

Principal Place of Business

PERU UNLIMITED, CORP.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90137 021 ***150.00



1225 BENNETT STE 148 LONGWOOD FL US		1225 BENNETT OR STE 148 LONGWOOD FL 32750 US			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 04/25/1991			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For	
21		26			65-0362967		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	T	Additional	
22		27					Required	
City & State		City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Zip 30	Country 30		8. This corporation owes the current year Intangible Personal Property Tax. Yes No				
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent		
				1 Name				
	tor, enrique rodriguez Bennett dr		82	Street	et Address (P.O. Box Number is Not Acceptable)			
STE	148		83					
LON		84	City	FL	85 Zip	Code		
11. Pursuant to the provisions of Sections 607.0502 end 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, breed or office three of confidence agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Signature, typed or printed name of redistance agent and title if applicable. (NOTE: Registered				t signatur e r	ADDITIONS/CHANGES TO OFFICERS AN		ODC IN 12	
12.	OFFICERS AND				ADDITIONS/CHANGES TO OFFICERS AN	[24Change		
TITLE	PD	O Detere	1,1 TITLE		ENRIQUE ROURIGUEZ-PASTOR	Change		
NAME	or hotori, Emilose nobilido		1.2 NAME		•		1	
STREET ADDRESS	1220 52111211 5111 512		1.3 STREET ADDRESS		SME ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32750	☐ DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP		Change	Addition	
ΠΤLE	VP	□ perrie					ا	
NAME	LOZADA, MARIA		2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS - 2.4 CFTY-ST-ZIP		•			
CITY-ST-ZIP	LONGWOOD FL 32750	☐ DELETE	3.1 TITLE	1-212		Change	Addition	
TITLE	— — — — — — — — — — — — — — — — — — —		3.2 NAME					
NAME	■ ·-		3.3 STREET ADDRESS				ļ	
STREET ADDRESS			3.4. CITY-9					
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	71-231		☐ Change	Addition	
NAME		_	4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADORESS				
CITY-ST-ZIP			4.4 CITY-S					
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME				ĺ	
STREET ADDRESS			5.3 STREE	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE 6:				Change	Addition	
NAME			6.2 NAME					
'	r Martin Stan	•	6.3 STREE	ADDRESS			ĺ	
CITY-ST-7IP	a talan a sa s	l l	6.4 CITY-S	T-ZIP				

CITY-ST-ZIP. 1 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 suppliemental 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, with all other like empowered.

CR2E034 (11/98)