

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Northington
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:03

DOCUMENT # **V41146** (4)

1. Corporation Name

PERUVIAN COMMODITIES INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**42 NW 27 AVE
STE 323
MIAMI FL 33125
US**

Mailing Address

**42 NW 27 AVE
STE 323
MIAMI FL 33125
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/04/1992

3a. Date of Last Report

06/30/1994

4. FEI Number

65-0354957

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

2. Principal Place of Business

21 8991 SW 107 AVE

2a. Mailing Address

26 8991 SW 107 AVE

Suite, Apt. #, etc.

22 200

Suite, Apt. #, etc.

27 200

City & State

23

City & State

28

Zip Country

24 33176

25

Zip Country

29 33176

30

9. Name and Address of Current Registered Agent

**LLERENA, FERNANDO N.
10801 SW 109TH CT.
D-112
MIAMI FL 33178**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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

FERNANDO N. LLERENA PRESIDENT

4-21-95

(Print or type printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **LLERENA, FERNANDO N.**
STREET ADDRESS **10801 SW 109TH CT, D-112**
CITY-ST-ZIP **MIAMI FL**

TITLE **DV**
NAME **LLERENA, LUIS E.**
STREET ADDRESS **10801 SW 109TH CT, D-112**
CITY-ST-ZIP **MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 110.07(3)(b), 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if certified, or on an attachment with an address.

SIGNATURE:

FERNANDO N. LLERENA

4-21-95

(305) 279-7842

(Print or type printed name of signing officer or director)

Date

Telephone Number