

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 12 AM 9:11

DOCUMENT # **N41175 (3)**  
1. Corporation Name  
**PERUVIAN-AMERICAN CHAMBER OF COMMERCE, INC.**

Principal Place of Business Mailing Address  
**444 BRICKELL, SUITE M-126 MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/11/1990** 3a. Date of Last Report **05/17/1994**  
4. FEI Number **65-0266513** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199, USZ, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**AVILA, ALCIDES I., ESQUIRE**  
**444 BRICKEL AVE**  
**M-126**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RAUL, L DEL SOLAR 444 BRICKELL AVE., STE M-126 MIAMI FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ORLANDO, LOU 444 BRICKELL AVE STE M-126 MIAMI FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SPEZIANI, HUMBERTO 444 BRICKELL AVE STE STE M-126 MIAMI FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C RISCO, JORGE 444 BRICKELL SUITE M126 MIAMI FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FEDERICO, PEREZ EGUREN 444 BRICKELL AVE., STE M-126 MIAMI FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PEREZ-EGUREN, FEDERICO 444 BRICKELL AVE STE M-126 MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	PD ENRIQUE, ORIHUELA 444 Brickell Ave., Ste. M-126 Miami, Fl. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	VD FELIPE WOLL 444 Brickell Ave. Ste. M126 Miami, Fl. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	TD UMBERTO CRIPPA 444 Brickell Ave. Ste. M-126 Miami, Fl. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	C HUMBERTO, SPEZIANI 444 Brickell Ave. Ste. M-126 Miami, Fl. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	SD FELIPE WOLL 444 Brickell Ave. Ste., M-126 Miami, Fl. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	SD FELIPE WOLL 444 Brickell Ave. Ste M-126 Miami, Fl. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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)(4), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* x 5/12/95 x 305 375-0885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Day/Mo/Yr)