

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41175 (3)**  
1. Corporation Name  
**PERUVIAN-AMERICAN CHAMBER OF COMMERCE, INC.**



Principal Place of Business <b>444 BRICKELL, SUITE M-126 MIAMI FL 33131</b>	Mailing Address <b>444 BRICKELL, SUITE M-126 MIAMI FL 33131-2469</b>
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3. Date Incorporated or Qualified <b>12/11/1990</b>	3a. Date of Last Report <b>03/22/1996</b>
4. FEI Number <b>65-0266513</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added To Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>444 BRICKELL AVE.</b>	2a. Mailing Address 26 <b>444 Brickell Ave.</b>
Suite, Apt. #, etc. 22 <b>311</b>	Suite, Apt. #, etc. 27 <b>311</b>
City & State 23 <b>MIAMI, FL.</b>	City & State 28 <b>MIAMI, FL.</b>
Zip 24 <b>33131</b>	Country 25
Zip 29 <b>33131</b>	Country 30

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WOLL, FELIPE	
STREET ADDRESS	444 BRICKELL AVENUE STE M-126	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	UMBERTO, CRIPPA	
STREET ADDRESS	444 BRICKELL AVE STE M-126	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FRANCO, CASTRO	
STREET ADDRESS	444 BRICKELL AVE STE STE M-126	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDINI, ERNESTO	
STREET ADDRESS	444 BRICKELL SUITE M126	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BURASCHI, JOSE	
1.3 STREET ADDRESS	444 Brickell Ave, suite 311	
1.4 CITY-ST-ZIP	Miami, Fl. 33131	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PEDROSO, HENRY	
3.3 STREET ADDRESS	444 Brickell Ave, suite 311	
3.4 CITY-ST-ZIP	Miami, Fl. 33131	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PEREZ, FEDERICO	
4.3 STREET ADDRESS	444 Brickell Ave, suite 311	
4.4 CITY-ST-ZIP	Miami, Fl. 33131	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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]* **ERNESTO FERNANDINI** **04/30/97** **(305) 375-0885**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026500

CR2E037 (9/96)