


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90765 025 ****61.25

DOCUMENT # N41175

1. Entity Name
PERUVIAN-AMERICAN CHAMBER OF COMMERCE, INC.



Principal Place of Business
444 BRICKELL AVE 377
MIAMI FL 33131
US

Mailing Address
444 BRICKELL AVE 311
MIAMI FL 33131
US

2. Principal Place of Business
6400 N.W. 82 Ave.

3. Mailing Address
6400 N.W. 82 Ave.

Suite, Apt. #, etc.
MIAMI, Florida

City & State
MIAMI, Florida

Zip
33166

Country
U.S.A.



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0266513**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | DELFINO, JOSE | |
| STREET ADDRESS | 444 BRICKELL AVE STE 311 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | PAREA, MARCELO | |
| STREET ADDRESS | 444 BRICKELL AVE STE 311 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | GOMEZ, MARIO | |
| STREET ADDRESS | 444 BRICKELL AVE STE 311 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | PRUGUE, JORGE | |
| STREET ADDRESS | 444 BRICKELL AVE STE 311 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | GRIPPA, UMBERTO | |
| STREET ADDRESS | 444 BRICKELL AVE STE 311 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|-------------------------------------------------------------------|
| TITLE | P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOMEZ, MARIO | |
| STREET ADDRESS | 6400 N.W. 82 Ave | |
| CITY-ST-ZIP | MIAMI, FL 33166 | |
| TITLE | VD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOLI, ORLANDO | |
| STREET ADDRESS | 6400 N.W. 82 Ave | |
| CITY-ST-ZIP | MIAMI, FL 33166 | |
| TITLE | SD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRIPPA, UMBERTO | |
| STREET ADDRESS | 6400 N.W. 82 Ave | |
| CITY-ST-ZIP | MIAMI, FL 33166 | |
| TITLE | TD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRUGUE, JORGE | |
| STREET ADDRESS | 6400 N.W. 82 Ave. | |
| CITY-ST-ZIP | MIAMI, FL 33166 | |
| TITLE | VD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Koechlin, Jorge | |
| STREET ADDRESS | 6400 N.W. 82 Ave | |
| CITY-ST-ZIP | MIAMI, FL 33166 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X SIGNATURE REQUIRED MARIO GOMEZ 2/28/03 305-471-9434**

CR2E037 (10/02)