2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State
02-04-2003 90134 037 ***150.00

DOCUMENT # P99000098584

1. Entity Name
LATIN WORLD ASSET MANAGEMENT (USA) INC.

22002563

Principal Place of Business	Mailing Address
1230 AVENUE OF THE AMERICAS SUITE 736 NEW YORK NY 10020	1230 AVENUE OF THE AMERICAS SUITE 736 NEW YORK NY 10020

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0970917 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, ETHAN W
5300 FIRST UNION FINANCIAL CENTER
200 S. BISCAYNE BLVD.
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C ☐ Delete ZALLES, CARLOS A AV. FRANCISCO DE MIRANDA PARQUE CRISTA 1 CARACAS, VENEZUELA 1062	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ☐ Delete AWNICO, OSCORTE 1230 AVE OF THE AMERICAS NEW YORK NY 10025	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition AMERICO DA CONTE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ☐ Delete SONZALES, JON E 1230 AVE OF THE AMERICAS NEW YORK NY 10-0200	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Jose Gonzales
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete LLANGI, JOVIER AV. FRANCISCO DE MIRANDA PARQUE CRISTA 1 CARACAS, VENEZUELA 1062	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition JAvier Llanos
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete PEDERINA, JOE AV. FRANCISCO DE MIRANDA PARQUE CRISTA 1 CARACAS, VENEZUELA 1062	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Jose Pedreira 1230 AVE. OF THE AMERICAS STE 736 NEW YORK, N.Y. 10020
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

POSTED 2/20/03

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 607, 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: SIGNATURE REQUIRED _____ 1/6/03 917-639-4028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #