

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004397

**FILED**  
**Feb 27, 2018**  
**Secretary of State**  
**CC4360858377**

**Entity Name:** ITAU INTERNATIONAL SECURITIES INC.

**Current Principal Place of Business:**

200 S BISCAYNE BLVD.  
SUITE 2200  
MIAMI, FL 33131

**Current Mailing Address:**

200 S BISCAYNE BLVD.  
SUITE 2200  
MIAMI, FL 33131

**FEI Number:** 42-1724961

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OLIVEIRA, LUIS  
200 S BISCAYNE BLVD.  
SUITE 2200  
MIAMI, FL 33131 US

*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.*

**SIGNATURE:** LUIS OLIVEIRA

02/27/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CAO  
Name OLIVEIRA, LUIS  
Address C/O 200 S BISCAYNE BLVD., SUITE 2200  
City-State-Zip: MIAMI FL 33131

Title CFO  
Name PORTNOFF, DAVID  
Address C/O 200 S BISCAYNE BLVD., SUITE 2200  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name CONSTANTINI, CARLOS  
Address 200 S BISCAYNE BLVD. SUITE 2200  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name DE SOUZA, FLAVIO A  
Address 200 S BISCAYNE BLVD. SUITE 2200  
City-State-Zip: MIAMI FL 33131

Title CCO  
Name GAITAN, SARA  
Address 200 S BISCAYNE BLVD. SUITE 2200  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name JACOB, RENATO L  
Address 200 S BISCAYNE BLVD. SUITE 2200  
City-State-Zip: MIAMI FL 33131

Title OFFICER  
Name MARTINS, ROBERTO  
Address 200 S BISCAYNE BLVD. SUITE 2200  
City-State-Zip: MIAMI FL 33131

Title OFFICER  
Name MERJAM, ALESSANDRO  
Address 200 S BISCAYNE BLVD. SUITE 2200  
City-State-Zip: MIAMI FL 33131

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LUIS OLIVEIRA

CAO

02/27/2018

Electronic Signature of Signing Officer/Director Detail

Date