


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90081 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 849398

1. Corporation Name

DRESDNER BANK LATEINAMERIKA AKTIENGESELLSCHAFT

Principal Place of Business

Mailing Address

**801 BRICKELL AVE.
MIAMI FL 33131**

**801 BRICKELL AVE.
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1981

4. FEI Number

59-2108559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALTERS, THEODORE R
801 BRICKELL AVENUE
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	WOLF, CARL	
STREET ADDRESS	801 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FISCHEL-BOCK, HENRY	
STREET ADDRESS	801 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TIEDEMANN, HORST	
STREET ADDRESS	801 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	GUBITZ, UDO H.	
STREET ADDRESS	D-2000 HAMBURG 36	
CITY-ST-ZIP	GERMANY	
TITLE	M	<input type="checkbox"/> DELETE
NAME	FROHLICH, HELMUT	
STREET ADDRESS	D-2000 HAMBURG 36	
CITY-ST-ZIP	GERMANY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	JOCKEL, HELMUT	
STREET ADDRESS	801 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	M
4.3 STREET ADDRESS	SOMMER, HOLGER
4.4 CITY-ST-ZIP	D-2000 HAMBURG 36
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	M
6.3 STREET ADDRESS	HERRMANN, HORST
6.4 CITY-ST-ZIP	D-2000 HAMBURG 36
7.1 TITLE	
7.2 NAME	
7.3 STREET ADDRESS	
7.4 CITY-ST-ZIP	

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl Wolf, Senior VP & Mer. Theodore R. Walters, VP

20 Jan 99

305-530-0185

Date

Daytime Phone #

CR2E034 (11/98)