

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 05, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # 849398**

1. Entity Name  
**DRESDNER BANK LATEINAMERIKA AKTIENGESELLSCHAFT**

Principal Place of Business 801 BRICKELL AVE.  MIAMI FL 33131	Mailing Address 801 BRICKELL AVE.  MIAMI FL 33131
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2. Principal Place of Business 801 BRICKELL AVE.	3. Mailing Address 801 BRICKELL AVE.
Suite, Apt. #, etc. SUITE 700	Suite, Apt. #, etc. SUITE 700

City & State MIAMI FL	City & State MIAMI FL
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4. FEI Number <b>59-2108559</b>	Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

Zip 33131	Country	Zip 33131	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WALTERS THEODORE R 801 BRICKELL AVENUE  MIAMI FL 33131 US		Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE **01/05/2000**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HERRMANN HORST D-2000 HAMBURG 36 GERMANY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HERRMANN HORST MR. D-2000 HAMBURG 36 HAMBURG GERMANY HH D-2000 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M FROHLICH, HELMUT D-2000 HAMBURG 36 GERMANY <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SOMMER HOLGER D-2000 HAMBURG 36 GERMANY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SOMMER HOLGER MR. D-2000 HAMBURG 36 HAMBURG GERMANY HH D-2000 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TIEDEMANN HORST 801 BRICKELL AVE MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TIEDEMANN HORST MR. 801 BRICKELL AVE MIAMI FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FISCHEL-BOCK HENRY 801 BRICKELL AVE MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M VOSWINCKEL RICHARD MR. D-2000 HAMBURG 36 HAMBURG GERMANY HH D-2000 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOLF CARL 801 BRICKELL AVE MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOLF CARL MR. 801 BRICKELL AVE MIAMI FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carl Wolf

01/05/2000