

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849398

FILED
Jun 29, 2004
Secretary of State

Entity Name: DRESDNER BANK LATEINAMERIKA AKTIENGESELLSCHAFT

Current Principal Place of Business:

801 BRICKELL AVE.
SUITE 700
MIAMI, FL 331314945

New Principal Place of Business:

Current Mailing Address:

801 BRICKELL AVE.
SUITE 700
MIAMI, FL 331314945

New Mailing Address:

FEI Number: 59-2108559 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EHLEBRACHT, ANDREAS
801 BRICKELL AVE.
SUITE 700
MIAMI, FL 331314945 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: M () Delete
Name: HERRMANN, HORST MR
Address: NEUER JUNGFERNSTIEG 16
City-St-Zip: HAMBURG GERMANY, HH D-200 DE

Title: M () Delete
Name: VOSWINCKEL, RICHARD MR
Address: NEUER JUNGFERNSTIEG 16
City-St-Zip: HAMBURG GERMANY, HH D-200 DE

Title: V () Delete
Name: SPANG, THOMAS
Address: 801 BRICKELL AVE
City-St-Zip: MIAMI, FL 33131 US

Title: M () Delete
Name: DAMBMANN, WOLFGANG MR
Address: NEUER JUNGFERNSTIEG 16
City-St-Zip: HAMBURG GERMANY, HH D-200 DE

Title: V () Delete
Name: WOLF, CARL MR
Address: 801 BRICKELL AVE
City-St-Zip: MIAMI, FL 33131

Title: M () Delete
Name: BLUM, HM
Address: NEUER JUNGFERNSTIEG 16
City-St-Zip: HAMBURG GERMANY, HH D-200 DE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CARL WOLF

V

06/29/2004

Electronic Signature of Signing Officer or Director

_____ Date