

F9500002774



ACCOUNT NO. : 072100000032
REFERENCE : 612315, 86901D
AUTHORIZATION : Patricia P. P. P.
COST LIMIT : \$ 122.50

ORDER DATE : June 8, 1995

ORDER TIME : 11:39 AM

ORDER NO. : 612315

200001508782

CUSTOMER NO: 86901D

CUSTOMER: Mr. Sepham George
Prentice Hall Legal &
375 Hudson Street

New York, NY 10014

FOREIGN FILINGS

NAME: BARING LATIN AMERICA CAPITAL
CORPORATION, INC.

☐ PROFIT
☐ NON-PROFIT

☒ CORPORATE
☐ LIMITED PARTNERSHIP

☒ QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea C. Mabry

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -8 PM 1:28
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DIVISION OF CORPORATIONS

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:**

1. BARING LATIN AMERICA CAPITAL CORPORATION, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. State of Delaware 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 9, 1994 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon filing --
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.156, F.S.))

7. Grand Bay Plaza, 2665 S. Bayshore Drive, Suite 1101
Coconut Grove, Florida 33133
(Current mailing address)

8. To conduct any lawful business, promote any lawful purpose
and engage in any lawful act or activity.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent:**

The Prentice-Hall Corporation
Name: System, Inc.

1201 Hays Street, Suite 105
Office Address:

Tallahassee, Florida, 32301
(Zip Code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

The Prentice-Hall Corporation System, Inc.

By: Vicki Schreiber, Asst. V.P.
(Registered agent's signature)
Vicki Schreiber, Asst. V.P.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors:

A. DIRECTORS


Chairman: John Dare
Address: 8 Bishopsgate
London EC2N 4AE, England
Vice Chairman: N/A
Address: _____
Director: Alberto Beeck
Address: 667 Madison Avenue
New York, NY 10021
Director: Mark Huntley
Address: P.O.Box 255, Barfield House, St.Julian's Ave.
St.Peter Port, Guernsey GY1 3QL

B. OFFICERS

President: Pedro-Pablo Kuczynski
Address: 2665 S.Bayshore Drive, Suite 1101
Coconut Grove, FL 33133
Vice President: N/A
Address: _____
Secretary: Gerardo Sepulveda
Address: 2665 S.Bayshore Drive, Suite 1101
Coconut Grove, FL 33133
Treasurer: Gerardo Sepulveda
Address: 2665 S.Bayshore Drive, Suite 1101
Coconut Grove, FL 33133

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Eduardo Elejalde, Managing Director
(Typed or printed name and capacity of person signing application)

**ADDENDUM TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA OF
BARING LATIN AMERICA CAPITAL CORPORATION, INC.**

12. Names and addresses of additional officers and directors:

A. DIRECTORS

Director: Pedro-Pablo Kuczynski
Address: 2665 S.Bayshore Drive, Suite 1101
Coconut Grove, FL 33133

Director: Fernando Montero
Address: 2665 S.Bayshore Drive, Suite 1101
Coconut Grove, FL 33133

Director: Eduardo Elejalde
Address: 2665 S.Bayshore Drive, Suite 1101
Coconut Grove, FL 33133

B. OFFICERS

Managing Director: Eduardo Elejalde
Address: 2665 S.Bayshore Drive, Suite 1101
Coconut Grove, FL 33133

Managing Director: Nancy Lange
Address: 2665 S.Bayshore Drive, Suite 1101
Coconut Grove, FL 33133

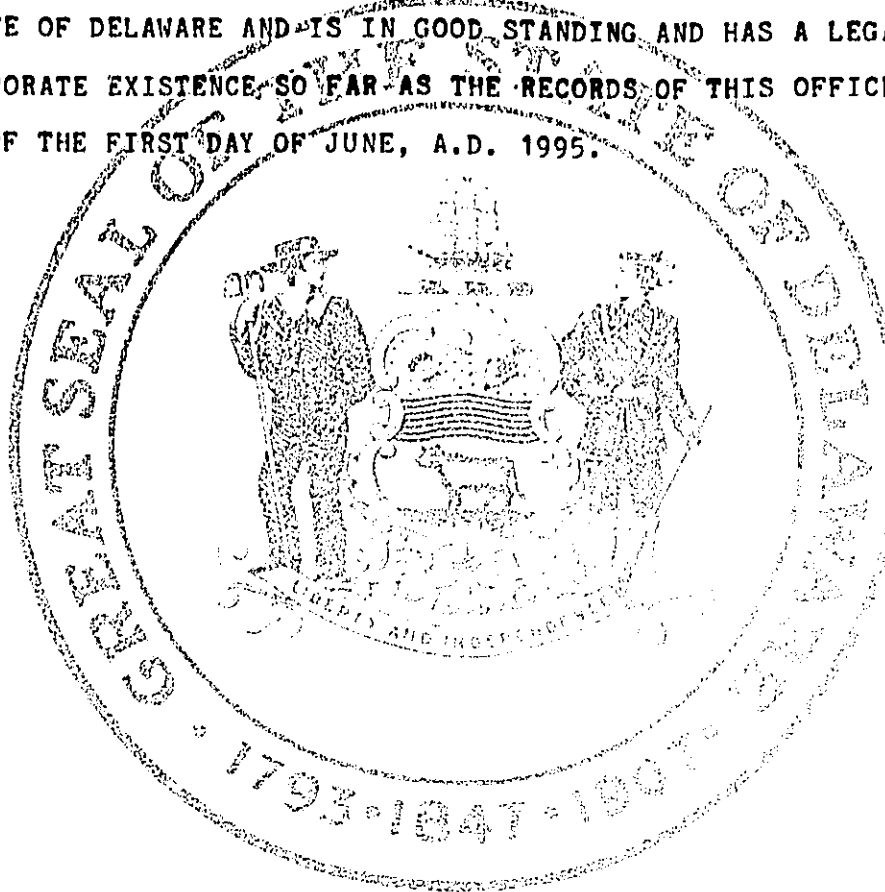
Managing Director: Fernando Montero
Address: 2665 S.Bayshore Drive, Suite 1101
Coconut Grove, FL 33133

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State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BARING LATIN AMERICA CAPITAL CORPORATION, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE, SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF JUNE, A.D. 1995.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -8 PM 1:29



Edward J. Freel

Edward J. Freel, Secretary of State

2451409 8300

950120949

AUTHENTICATION: 7523591

DATE: 06-01-95

F9500002774

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: BARING LATIN AMERICA CAPITAL CORPORATION EIN or SS#: 650586176
INC.

Address: 2665 S. Bayshore Drive Ste 1101
COCONUT GROVE, FL 33133-5402

Amount: 1163.75 Date Paid 5/31/96

Reason for claim: F9500002774 over paid.

Baring Latin America Capital Corporation Inc.

Duplicate Filing

Certified true and correct this 31 day of July, 19 96.

Signature _____

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim:

Amount of recommended refund \$ 1163.75

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. 96-531018 dated 5/31/96

Name of Account

4520213000145300000000010000

Statutory Authority for Collection

607

It is requested that payment be made from the following account:

NAME OF ACCOUNT:

45202130001453000000022002000

Certified true and correct this _____ day of _____, 19 _____

Department of State, Division of Corporations

(Agency)

(Authorized Signature and Title)

2/15/97