

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002774 (6)

1. Corporation Name

BARING LATIN AMERICA CAPITAL CORPORATION, INC.



Principal Place of Business

GRAND BAY PLAZA, 2665 S. BAYSHORE DR.
SUITE 1101
COCONUT GROVE FL 33133

Mailing Address

GRAND BAY PLAZA, 2665 S. BAYSHORE DR.
SUITE 1101
COCONUT GROVE FL 33133

3. Date Incorporated or Qualified
06/08/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

VIVIAN GOMBZ

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

C/O WESTFIELD CAPITAL

83

2665 S. BAYSHORE DRIVE, STE 1101

84 City

COCONUT GROVE

FL

85 Zip Code

33133

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 the corporation

(NOTE: Registered Agent's signature required when transferring)

DATE

5/21/96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KICZYNSKI, PEDRO P
STREET ADDRESS 2665 S. BAYSHORE DR., STE 1101
CITY-ST-ZIP COCONUT GROVE FL ☐ DELETE

TITLE ST
NAME SEPULVEDA, GERARDO
STREET ADDRESS 2665 S. BAYSHORE DR., STE 1101
CITY-ST-ZIP COCONUT GROVE FL ☐ DELETE

TITLE CD
NAME DARE, JOHN
STREET ADDRESS 8 BISHOPSGATE
CITY-ST-ZIP LONDON ENGLAND ☐ DELETE

TITLE D
NAME BEECK, ALBERTO
STREET ADDRESS 687 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE D
NAME HUNTLEY, MARK
STREET ADDRESS BARFIELD HOUSE, ST JULIAN'S AVE
CITY-ST-ZIP ST PETER PORT GUERNSEY NY ☐ DELETE

TITLE D
NAME MONTERO, FERNANDO
STREET ADDRESS 2665 S. BAYSHORE DR., STE 1101
CITY-ST-ZIP COCONUT GROVE FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/21/96 (305) 285-7995

CR2E034 (12/95)