

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/08/1995	3a. Date of Last Report 03/14/1996
4. FEI Number 65-0586176	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

VIVIAN GOMEZ
~~C/O WESTFIELD CAPITAL~~
2665 S BAYSHORE DRIVE, SUITE 1101
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name **PEDRO PABLO KUCZYNSKI**
82 Street Address (P.O. Box Number Not Acceptable) **2665 S. BAYSHORE DRIVE**
83 # **1101**
84 City **COCONUT GROVE FL** **85 Zip Code** **33133**

11. Pursuant to the provisions of Sections 607.05(2) and 607.05(3), 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 607.05, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KUCZYNSKI, PEDRO P	
STREET ADDRESS	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	STMD	<input type="checkbox"/> DELETE
NAME	SEPULVEDA, GERARDO	
STREET ADDRESS	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	C	<input type="checkbox"/> DELETE
NAME	DARE, JOHN	
STREET ADDRESS	60 LONDON WALL	
CITY-ST-ZIP	LONDON ENGLAND EC2M-5TQ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECK, ALBERTO	
STREET ADDRESS	687 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	ELEJALDE, EDUARDO	
STREET ADDRESS	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	MONTERO, FERNANDO	
STREET ADDRESS	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101	
CITY-ST-ZIP	COCONUT GROVE FL 33133	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NANCY A. LANGE	
1.3 STREET ADDRESS	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101	
1.4 CITY-ST-ZIP	COCONUT GROVE FL 33133	
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 type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

305-2995

CP2894 (9/96)