


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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90042 002 ***150.00

05/27/96

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002774

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1995

4. FEI Number

65-0586176

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KUCZUNSKI, PEDRO-PABLO
2665 S. BAYSHORE DRIVE
#1101
COCONUT GROVE FL 33133**

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

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	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	C	<input type="checkbox"/> DELETE
NAME	DARE, JOHN	
STREET ADDRESS	60 LONDON WALL	
CITY-ST-ZIP	LONDON ENGLAND EC2M -5TG	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

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	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

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	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE **PEDRO PABLO KUCZYNSKI**

April 27, 1999

305-285-7995

Date

Daytime Phone #

CR2E034 (11/98)