

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State
 02-21-2000 90035 003 ***150.00

DOCUMENT # F95000002774

1. Entity 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 | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 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 |

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|---|--|
| 6. Name and Address of Current Registered Agent KUCZUNSKI, PEDRO-PABLO 2665 S. BAYSHORE DRIVE #1101 COCONUT GROVE FL 33133 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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8. 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

| | | |
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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back) | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-----------------------------------|---|--|---|
| TITLE PD | <input type="checkbox"/> Delete KUCZYNSKI, PEDRO P GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101 COCONUT GROVE FL 33133 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE STMD | <input type="checkbox"/> Delete SEPULVEDA, GERARDO GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101 COCONUT GROVE FL 33133 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE C | <input type="checkbox"/> Delete DARE, JOHN 60 LONDON WALL LONDON ENGLAND EC2M-5TQ | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE MD | <input type="checkbox"/> Delete ELEJALDE, EDUARDO GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101 COCONUT GROVE FL 33133 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE MD | <input type="checkbox"/> Delete MONTERO, FERNANDO GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101 COCONUT GROVE FL 33133 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: **Pedro Pablo Kuczynski** **2/14/00** **305-285-4841**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)