PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	**FILED** 99 DEC 20 PM 1:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F97000000789

1. Corporation Name

MERRILL LYNCH INTERNATIONAL PRIVATE FINANCE LIMITED, INC.

Principal Place of Business	Mailing Address
701 BRICKELL AVE. 24TH FLOOR MIAMI FL 33131	701 BRICKELL AVE. 24TH FLOOR MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/13/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **13-3905240**	Applied For / ☐ Not Applicable
21	**26**		
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State **23**	City & State **28**	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip **24**	Country **25**	Zip **29**	Country **30**

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	**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. **BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY** 12-15-99

SIGNATURE _(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 D NAME SEITZ, ROBERT W STREET ADDRESS 225 LIBERTY STREET CITY-ST-ZIP NEW YORK NY 10080	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DP NAME HAGAN, PETER STREET ADDRESS 800 SCUDDERS MILL ROAD, 1H CITY-ST-ZIP PLAINSBORO NJ 08536	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V NAME KLEVAN, DEAN STREET ADDRESS 701 BRICKELL AVENUE, 24TH FLOOR CITY-ST-ZIP MIAMI FL 33131	☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V NAME COSIO, ALBERTO STREET ADDRESS 701 BRICKELL AVENUE, 24TH FLOOR CITY-ST-ZIP MIAMI FL 33131	☒ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 700003082237 -12/28/99--01070--009 ****750.00 ****750.00	☐ Change ☐ Addition
TITLE V NAME BERGER, DAVID STREET ADDRESS 9595 WILLSHIRE BLVD., STE. 1000 CITY-ST-ZIP BEVERLY HILLS CA 90212	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V NAME REINHARDT, G. FREDERICK STREET ADDRESS 65 EAST 55TH STREET, 29TH FLOOR CITY-ST-ZIP NEW YORK NY 10022	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT 99

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.

SIGNATURE: _(signature)_ G. FREDERICK REINHARDT 10-26-99 212-610-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #