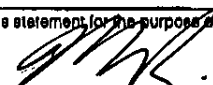


Mar. 8. 2004 5:51PM Freeman Butterman

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90181 014 ****50.00

DOCUMENT # L03000020030			
1. Entity Name CAPITAL MARKETS LATIN AMERICA, LLC			
Principal Place of Business 520 BRICKELL KEY DR., STE. 0-305 MIAMI, FL 33131		Mailing Address 520 BRICKELL KEY DR., STE. 0-305 MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. PE Number 03-1062341	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TRANSGLOBAL CORPORATE ADMINISTRATION, INC. 520 BRICKELL KEY DR., STE. 0-305 MIAMI, FL 33131		Transglobal Corp. Administration LLC Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Dr. # 305 City Miami FL 33131	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/8/04 (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOPEZ, JAIME 520 BRICKELL KEY DR., STE. 0-305 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.			
SIGNATURE:  DATE 03/15/04 (205) 374-3800 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			