


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|--|---------------------------|---|--------------------------|
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | |
| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000001069 THE LATIN AMERICA ENTERPRISE CAPITAL CORPORATION, L.L.C. 2665 SOUTH BAYSHORE DRIVE, SUITE 1101 GRAND BAY PLAZA COCONUT GROVE FL 33133 | | 1a. Principal Place of Business Address 2665 SOUTH BAYSHORE DRIVE, S GRAND BAY PLAZA COCONUT GROVE FL 33133 | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | | Country | |
| 3. Date Organized or Qualified 09/21/1998 | | 3a. State of Formation DE | |
| 4. FEI Number 65-0699201 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Date of Last Report | | 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> | |
| 7. Name and Address of Current Registered Agent KUCZYNSKI, PEDRO-PABLO 2665 SOUTH BAYSHORE DRIVE, SUITE 110 GRAND BAY PLAZA COCONUT GROVE FL 33133 | | 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 608002820236 City FL Zip Code 03/26/99-01068-010 ****188.75 ****188.75 | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | | |
| SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required when Renouncing)</small> | | DATE _____ | |
| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
| MGRM | KUCZYNSKI, PEDRO-PABLO | 2665 SOUTH BAYSHORE DRIVE, | COCONUT GROVE FL |
| MEM | ELEJALDE, EDUARDO | 2665 SOUTH BAYSHORE DRIVE, | COCONUT GROVE FL |
| MEM | MONTERO, FERNANDO | 2665 SOUTH BAYSHORE DRIVE, | COCONUT GROVE FL |
| MEM | SEPULVEDA, GERARDO | 2665 SOUTH BAYSHORE DRIVE, | COCONUT GROVE FL |
| 3-24-99 | | | |
| 11. 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 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 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address. | | | |
| SIGNATURE: <u><i>Eduardo Elejalde</i></u> | | EDUARDO ELEJALDE 3/12/99 305-285-4841 | |