

2000 UNIFORM BUSINESS REPORT (UBR)

XX1114 AF

DOCUMENT # M98000001069
 1. Entity Name
THE LATIN AMERICA ENTERPRISE CAPITAL CORPORATION

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 FEB 17 AM 10:21

Principal Place of Business
 2665 SOUTH BAYSHORE DRIVE, SUITE 1101
 GRAND BAY PLAZA
 COCONUT GROVE FL 33133

Mailing Address
 2665 SOUTH BAYSHORE DRIVE, SUITE 1101
 GRAND BAY PLAZA
 COCONUT GROVE FL 33133-5448



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

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

4. FEI Number **65-0699201** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
KUCZYNSKI, PEDRO-PABLO
 2665 SOUTH BAYSHORE DRIVE, SUITE 1101
 GRAND BAY PLAZA
 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KUCZYNSKI, PEDRO-PABLO 2665 SOUTH BAYSHORE DRIVE, SUITE 1101 COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ELEJALDE, EDUARDO 2665 SOUTH BAYSHORE DRIVE, SUITE 1101 COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MONTERO, FERNANDO 2665 SOUTH BAYSHORE DRIVE, SUITE 1101 COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SEPULVEDA, GERARDO 2665 SOUTH BAYSHORE DRIVE, SUITE 1101 COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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

mf 2/28/00

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 *****50.00 *****50.00

11. 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 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.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Pedro Pablo Kuczynski Date 2/14/00 Daytime Phone # 305-285-4841

CR2E083 (9/99)