FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:00

DOCUMENT # N92000000793 (1)

1. Corporation Name

LATIN AMERICAN DEVELOPMENT FUND, INC.

Principal Place of Business	Mailing Address
~~7344 S.W. 48TH ST.~~ ~~SUITE 302~~ ~~MIAMI FL 33155~~	~~7344 S.W. 48TH ST.~~ ~~SUITE 302~~ ~~MIAMI FL 33155~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1992
3a. Date of Last Report: 10/17/1994
4. FEI Number: ~~APPLIED FOR~~ 65-0438308 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21: 1876 N. University Dr	2a. Mailing Address 26: 1876 N. University Dr
Suite, Apt. #, etc. 22: 101 M	Suite, Apt. #, etc. 27: 101 M
City & State 23: Plantation FL	City & State 28: Plantation FL
Zip / Country 24: 33322 / 25: Broward	Zip / Country 29: 33322 / 30: Broward

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~PEREZ, MARGARITA~~ ~~7344 S.W. 48TH ST.~~ ~~SUITE 302~~ ~~MIAMI FL 33155~~	81 Name: LORENZO RAMUNNO, Esq. 82 Street Address (P.O. Box Number is Not Acceptable): 1884 N. University Dr. 83 84 City: Plantation FL 85 Zip Code: 33322

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.

SIGNATURE: Lorenzo Ramunno — 5-15-95
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	DP	11 TITLE		☐ Change ☐ Addition
NAME	MACHADO, EMIR J	12 NAME		
STREET ADDRESS	CENTRO PARQUE BOYACA,PISO 18,AVE SUCRE DOS	13 STREET ADDRESS		
CITY-ST-ZIP	CARACAS, VENEZUELA	14 CITY-ST-ZIP		
TITLE	DV	21 TITLE		☐ Change ☐ Addition
NAME	SPERANDIO, AMAURI	22 NAME		
STREET ADDRESS	AV. URDANETA, TORRE A VEROES, PISO 4-402	23 STREET ADDRESS		
CITY-ST-ZIP	CARACAS, VENEZUELA	24 CITY-ST-ZIP		
TITLE	DS	31 TITLE		☐ Change ☐ Addition
NAME	PABON, JORGE	32 NAME		
STREET ADDRESS	CALLE ORINOCO, RES. NALANIA, PISO 3-402	33 STREET ADDRESS		
CITY-ST-ZIP	CARACAS, VENEZUELA	34 CITY-ST-ZIP		
TITLE	DT	41 TITLE	DT	☒ Change ☐ Addition
NAME	~~PEREZ, RAUL L~~	42 NAME	H. ROSO, JUAN A	
STREET ADDRESS	CENTRO PARQUE BOYACA, PISO 18-181	43 STREET ADDRESS		
CITY-ST-ZIP	CARACAS, VENEZUELA	44 CITY-ST-ZIP		
TITLE	~~AS~~	51 TITLE		☐ Change ☐ Addition
NAME	~~PEREZ, MARGARITA~~	52 NAME		
STREET ADDRESS	~~7344 SW 48 ST. #302~~	53 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL 33155~~	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

RECEIVED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by this attachment with an address.

SIGNATURE: _____ / _____ — 5-15-95 — 305-286-6306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008459