

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P35933

(1)

1. Corporation Name

AMERINDO INVESTMENT ADVISORS INC.

Principal Place of Business

280 MARKET STREET, SUITE 900
SAN FRANCISCO CA 94111-5314

Mailing Address

2655 LE JEUNE RD
#1112
CORAL GABLES FL 33134

FILED

95 JUL 28 PM 1:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1991

3a. Date of Last Report

10/13/1994

4. FEI Number

94-2997472

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 One Embury Center

2a. Mailing Address

26 Suite, Apt. #, etc.

22 # 2300

27 Suite, Apt. #, etc.

23 City & State

San Francisco, CA

28 City & State

24 Zip

94111

25 Country

USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

GARCIA-LARRIEU, JOAQUIN
2655 LEJEUNE ROAD, SUITE 1112
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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.

SIGNATURE

Signature typed in printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VILAR, ALBERTO W.
STREET ADDRESS	17 A CURZON STREET
CITY - ST - ZIP	LONDON, ENGLAND
TITLE	VSD
NAME	TANAKA, GARY A.
STREET ADDRESS	8 CAROLINE MEWS PLACE
CITY - ST - ZIP	LONDON, ENGLAND
TITLE	CFO
NAME	GARCIA-LARRIEU, JOAQUIN
STREET ADDRESS	2655 LEJEUNE ROAD
CITY - ST - ZIP	CORAL GABLES FL
TITLE	CAO
NAME	SANDIFER, MICHAEL J.
STREET ADDRESS	17 A CURZON STREET
CITY - ST - ZIP	LONDON, ENGLAND
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), Florida Statutes. I further certify that the information reflected 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 record of trustee authorized 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAQUIN GARCIA-LARRIEU CFO

Date

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