

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
ONE EMBARCADERO CENTER  
#2300  
SAN FRANCISCO CA 94111  
US

Mailing Address  
2655 LE JEUNE RD  
#1112  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 2655 LE JEUNE RD

Suite, Apt. #, etc.

27 SUITE S24

City & State

28 CORAL GABLES FL

Zip

29 33134

Country

30

3. Date Incorporated or Qualified

10/15/1991

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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 ~~GARCIA-LARRIEU, JOAQUIN~~  
82 Street Address (P.O. Box Number is Not Acceptable) ~~2655 LEJEUNE ROAD SUITE S24~~  
83  
84 City ~~CORAL GABLES FL~~ 85 Zip Code ~~33134~~

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	VILAR, ALBERTO W.	17 A CURZON STREET	LONDON, ENGLAND	<input type="checkbox"/>
VSD	TANAKA, GARY A.	8 CAROLINE MEWS PLACE	LONDON, ENGLAND	<input type="checkbox"/>
CFO	GARCIA-LARRIEU, JOAQUIN	2655 LEJEUNE ROAD	CORAL GABLES FL	<input type="checkbox"/>
COO	PUREY, JAMES H	399 PARK AVENUE, 18TH FLOOR	NEW YORK NY	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed or on an attachment with an address.

SIGNATURE *[Signature]* 7/10 890-411-6260

CR2E034 (10/97)