SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

0039163

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Aug 04, 1999 8:00 am
Secretary of State
08-04-1999 90007 001 ***550.00

DOCUMENT # P35933 √

1. Corporation Name

AMERINDO INVESTMENT ADVISORS INC.

Principal Place of Business	Mailing Address
ONE EMBARCADERO CENTER #2300 SAN FRANCISCO CA 94111 US	2655 LE JEUNE RD STE 524 CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		
21		26		

3. Date Incorporated or Qualified
10/15/1991

22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.

4. FEI Number **94-2997472** | Applied For / Not Applicable

5. Certificate of Status Desired. ☐ — $8.75 Additional Fee Required.

23	City & State	28	City & State

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip 24	Country 25	Zip 29	Country 30

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GARCIA-LARRIEU, JOAQUIN 2655 LEJEUNE ROAD, SUITE ~~1112~~ 524 CORAL GABLES FL 33134	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 or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

CR2E034 (5/99)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VILAR, ALBERTO W.		1.2 NAME	
STREET ADDRESS	17 A CURZON STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON, ENGLAND		1.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TANAKA, GARY A.		2.2 NAME	
STREET ADDRESS	8 CAROLINE MEWS PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON, ENGLAND		2.4 CITY-ST-ZIP	
TITLE	CFO	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA-LARRIEU, JOAQUIN		3.2 NAME	
STREET ADDRESS	2655 LEJEUNE ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

IGNATURE: _____   7-29-59   800-303-6360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #