

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # P93000016385 (5)

1. Corporation Name

IBEROAMERICAN SECURITIES CORP.

95 MAY -1 AM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**701 BRICKELL AVE.
SUITE 1550
MIAMI FL 33131**

Mailing Address

**701 BRICKELL AVE.
SUITE 1200
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or chartered 03/01/1993	3a. Date of Last Report 09/26/1994
4. FET Number 65-0480461	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. 190.332 Florida Statutes. ☐ Yes ☐ No	

2. Principal Place of Business

21

2a. Mailing Address

26

3. State Apt. # etc.

22

3a. State Apt. # etc.

27

4. City & State

23

4a. City & State

28

5. Zip

24

Country

25

5a. Zip

29

Country

30

9. Name and Address of Current Registered Agent

**ROSSZ FIU CORPORATION
701 BRICKELL AVE.
SUITE 1200
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address, P.O. Box Number or Not Applicable	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.01(2)(c) 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 former agent and accept the obligations of Sections 607.01(2)(b) Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

(Signature)

12. OFFICERS AND DIRECTORS		13. AGENTS FOR CHANGES TO OFFICERS AND DIRECTORS	
NAME	D FERNANDEZ-HOLMANN, ERNESTO	NAME	C/D FERNANDEZ-HOLMANN, ERNESTO
STREET ADDRESS	701 BRICKELL AVE., SUITE 1550	STREET ADDRESS	701 BRICKELL AVE., #1550
CITY	MIAMI FL 33131	CITY	MIAMI, FL. 33131
NAME	PD PERCOVICH, LUIS	NAME	D PERCOVICH, LUIS
STREET ADDRESS	701 BRICKELL AVE., SUITE 1550	STREET ADDRESS	701 BRICKELL AVE. #1550
CITY	MIAMI FL 33131	CITY	MIAMI, FL. 33131
NAME		NAME	D QUANT, ERNESTO
STREET ADDRESS		STREET ADDRESS	701 BRICKELL AVE. #1550
CITY		CITY	MIAMI, FL. 33131
NAME		NAME	D/M HAS, RAUL
STREET ADDRESS		STREET ADDRESS	701 BRICKELL AVE. #1550
CITY		CITY	MIAMI, FL. 33131
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and is true and correct, for the information stated on Form 1001 (Florida Statutes). I further certify that the information indicated on this annual report or supplementary annual report is true and correct 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 first person named as registered agent on this report as required by Chapter 607 Florida Statutes and that my name appears in Block 12 or Block 13 of this report or on an attached form with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF HIGHING OFFICER OR DIRECTOR

04/28/95 (305) 372-1270