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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000049470 (5)**

1. Corporation Name

LATIN AMERICA MONEY MANAGEMENT CORP.

Principal Place of Business	Mailing Address
4770 BISCAYNE BLVD MIAMI FL 33137	4770 BISCAYNE BLVD MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1994

3a. Date of Last Report: N/A.

2. Principal Place of Business 21 4770 BISCAYNE BVD.	2a. Mailing Address 26 4770 BISCAYNE BVD.	4. FEI Number	☒ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 SUITE 1070 - C/O KARAEL & CO.	Suite, Apt. #, etc. 27 SUITE 1070 - C/O KARAEL & Co.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 MIAMI, FL.	City & State 28 MIAMI, FL.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip: 24 33137 Country: 25 U.S.A.	Zip: 29 33137 Country: 30 USA.	8. The corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMKGS REGISTERED AGENTS, INC. 1 SE 3RD AVE 1980 SUNBANK MIAMI FL 33131	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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (Both Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P/D ☒ Change ☐ Addition
NAME	CARLEVARO, JULIO	12 NAME	CARLEVARO C., JULIO
STREET ADDRESS	MALDONADO 2420	13 STREET ADDRESS	MALDONADO 2420
CITY ST ZIP	MONTEVIDEO, URUGUAY	14 CITY ST ZIP	MONTEVIDEO - URUGUAY
TITLE	D	21 TITLE	S/D ☒ Change ☐ Addition
NAME	GUZMAN DE LA FUENTA, CIRILO L	22 NAME	GUZMAN DE LA FUENTE, CIRILO L.
STREET ADDRESS	HUERFANOS 835 #804	23 STREET ADDRESS	HUERFANOS 835 # 804
CITY ST ZIP	SANTIAGO, CHILE	24 CITY ST ZIP	SANTIAGO - CHILE
TITLE		31 TITLE	V ☐ Change ☒ Addition
NAME		32 NAME	ALFREDO NARDI
STREET ADDRESS		33 STREET ADDRESS	200 SE 1st Street # 1503
CITY ST ZIP		34 CITY ST ZIP	MIAMI, FL. 33131
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 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 above or on an attachment with an address.

SIGNATURE: _____ ALFREDO NARDI 04-28-95 (305) 373-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0144486 CP