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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000049470 (5)**

1. Corporation Name

LATIN AMERICA MONEY MANAGEMENT CORP.

Principal Place of Business	Mailing Address
4770 BISCAYNE BLVD STE 1070 C/O KARREL & CO MIAMI FL 33137 US	4770 BISCAYNE BLVD STE 1070 C/O KARREL & CO MIAMI FL 33137 US

2. Principal Place of Business (21)	1000 BRICKELL AVE
Suite, Apt. #, etc. (22)	SUITE 900
City & State (23)	MIAMI, FL
Zip (24) / Country (25)	33131 /
2a. Mailing Address (26)	1000 BRICKELL AVE.
Suite, Apt. #, etc. (27)	SUITE 900
City & State (28)	MIAMI, FL
Zip (29) / Country (30)	33131 /

3. Date Incorporated or Qualified: 07/05/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: NOT APPLICABLE — ☐ 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

9. Name and Address of Current Registered Agent

AMKGS REGISTERED AGENTS, INC.
1 SE 3RD AVE
1980 SUNBANK
MIAMI FL 33131

10. Name and Address of New Registered Agent

(81) Name: KARREL & COMPANY
(82) Street Address (P.O. Box Number is Not Acceptable): 1000 BRICKELL AVE.
(83) SUITE 900
(84) City: MIAMI FL (85) Zip Code: 33131

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: (Miguel Karrel) DATE: 6/26/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARLEVARO, JULIO MALDONADO 2420 MONTEVIDEO, URUGUAY	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GUZMAN DE LA FUENTA , CIRILO L HUERFANOS 835 #804 SANTIAGO, CHILE	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V NARDI, ALFREDO 200 S E 1ST STREET, #503 MIAMI FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V MUNOZ, ALFREDO 3140 SO. OCEAN DR, APT 1712 HALLANDALE, FL 33009	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/25/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)