

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**  
 04-16-2001 90015 045 \*\*\*150.00

0154459

**DOCUMENT # P97000017825**

1. Entity Name  
**AXA CORPORATE SOLUTIONS LATIN AMERICA, INC.**

Principal Place of Business  
**1200 BRICKELL AVENUE  
 SUITE 1700  
 MIAMI FL 33131**

Mailing Address  
**1200 BRICKELL AVENUE  
 SUITE 1700  
 MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0738027**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LINERO, JORGE  
 1200 BRICKELL AVENUE  
 SUITE 1700  
 MIAMI FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00 ✓  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
 NAME **NESSI, JEAN MARIE**  
 STREET ADDRESS **39 RUE DU COLISEE**  
 CITY-ST-ZIP **PARIS, FRANCE**

TITLE **D** ☐ Change ☒ Addition  
 NAME **PIERRE-MARIE DUCORPS**  
 STREET ADDRESS **39 Rue du Colisee**  
 CITY-ST-ZIP **Paris, FRANCE**

TITLE **D** ☒ Delete  
 NAME **GUILLAUME, JEAN PAUL**  
 STREET ADDRESS **39 RUE DU COLISEE**  
 CITY-ST-ZIP **PARIS, FRANCE**

TITLE **D** ☐ Change ☒ Addition  
 NAME **DOMINIQUE MAURIN**  
 STREET ADDRESS **39 Rue du Colisee**  
 CITY-ST-ZIP **Paris, FRANCE**

TITLE **D** ☐ Delete  
 NAME **CERCEAU, PATRICK**  
 STREET ADDRESS **1200 BRICKELL AVE, STE 1700**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☒ Change ☐ Addition  
 NAME **39-Rue du Colisee**  
 STREET ADDRESS **Paris, FRANCE**

TITLE **ST** ☒ Delete  
 NAME **RODRIGUEZ, HECTOR**  
 STREET ADDRESS **1200 BRICKELL AVE. STE. 1700**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **ST** ☐ Change ☒ Addition  
 NAME **ARMANDO DELGADO**  
 STREET ADDRESS **1200 Brickell Ave., Ste. 1700**  
 CITY-ST-ZIP **Miami, Florida**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition  
 NAME **JESUS ALBERTO MARCANO**  
 STREET ADDRESS **1200 Brickell Ave., Ste. 1700**  
 CITY-ST-ZIP **Miami, FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition  
 NAME **JORGE LINERO**  
 STREET ADDRESS **1200 Brickell Ave., Ste. 1700**  
 CITY-ST-ZIP **Miami, FL**

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/09/01 (305)377-1292**  
 Date Daytime Phone #

CR2E034 (10/00)