## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000094979

Entity Name: CREDICORP CAPITAL SECURITIES, INC.

**FILED** Feb 27, 2017 **Secretary of State** CC7834074977

## **Current Principal Place of Business:**

121 ALHAMBRA PLAZA **SUITE 1200** CORAL GABLES, FL 33134

## **Current Mailing Address:**

121 ALHAMBRA PLAZA **SUITE 1200** CORAL GABLES, FL 33134 US

FEI Number: 41-2047925 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

INTERAMERICAN CORPORATE SERVICES LLC 2525 PONCE DE LEON BLVD. **SUITE 1225** CORAL GABLES, FL 33134 US

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:

Name

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title DIRECTOR

Name CORREA, ALVARO Name LAUB, CHRISTIAN

121 ALHAMBRA PLAZA SUITE 1200 121 ALHAMBRA PLAZA Address Address

**SUITE 1200** City-State-Zip: CORAL GABLES FL 33134

City-State-Zip: CORAL GABLES FL 33134

Title **DIRECTOR** Title **DIRECTOR** RUBIO, PEDRO

Name CARRERA, LUIS 121 ALHAMBRA PLAZA Address

Address 121 ALHAMBRA PLAZA **SUITE 1200** 

**SUITE 1200** CORAL GABLES FL 33134

City-State-Zip: City-State-Zip: CORAL GABLES FL 33134

Title **DIRECTOR** Title DIRECTOR HORTA, HUGO Name FLIT, MICHAEL

Name 121 ALHAMBRA PLAZA Address

121 ALHAMBRA PLAZA Address **SUITE 1200** 

**SUITE 1200** 

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Electronic Signature of Signing Officer/Director Detail

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.