

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000094979

Entity Name: CREDICORP CAPITAL SECURITIES, INC.**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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	CORREA, ALVARO
Address	121 ALHAMBRA PLAZA SUITE 1200
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	RUBIO, PEDRO
Address	121 ALHAMBRA PLAZA SUITE 1200
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	HORTA, HUGO
Address	121 ALHAMBRA PLAZA SUITE 1200
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	LAUB, CHRISTIAN
Address	121 ALHAMBRA PLAZA SUITE 1200
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	CARRERA, LUIS
Address	121 ALHAMBRA PLAZA SUITE 1200
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	FLIT, MICHAEL
Address	121 ALHAMBRA PLAZA SUITE 1200
City-State-Zip:	CORAL GABLES FL 33134

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.

SIGNATURE: ALVARO CORREA**DIRECTOR****04/30/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date