

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000021521

Entity Name: CREDICORP CAPITAL USA, INC.**Current Principal Place of Business:**1111 BRICKELL AVENUE
SUITE 2825
MIAMI, FL 33131**Current Mailing Address:**1111 BRICKELL AVENUE
SUITE 2825
MIAMI, FL 33131 US**FEI Number:** 82-4750079**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INTERAMERICAN CORPORATE SERVICES LLC
2525 PONCE DE LEON BLVD STE 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	COO, CEO
Name	COLL, CARLOS ANDRES
Address	1111 BRICKELL AVENUE SUITE 2825
City-State-Zip:	MIAMI FL 33131

Title	CCO, AML OFFICER
Name	DE LA ESPRIELLA, ARTURO
Address	1111 BRICKELL AVENUE SUITE 2825
City-State-Zip:	MIAMI FL 33131

Title	D
Name	MONTERO DASSO, EDUARDO
Address	1111 BRICKELL AVENUE SUITE 2825
City-State-Zip:	MIAMI FL 33131

Title	D
Name	FLORES, RICARDO
Address	1111 BRICKELL AVENUE SUITE 2825
City-State-Zip:	MIAMI FL 33131

Title	D
Name	VENEGAS RAMIREZ, ANDRES EDUARDO
Address	1111 BRICKELL AVENUE SUITE 2825
City-State-Zip:	MIAMI FL 33131

Title	D
Name	MOYA NUNEZ, MARCELO LEONEL
Address	1111 BRICKELL AVENUE SUITE 2825
City-State-Zip:	MIAMI FL 33131

Title	D
Name	ALDUNATE BENGOLEA , ARTURO
Address	1111 BRICKELL AVENUE SUITE 2825
City-State-Zip:	MIAMI FL 33131

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: CARLOS ANDRES COLL

COO, CEO

03/11/2025

Electronic Signature of Signing Officer/Director Detail_____
Date