FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000002774 (6)**

1. Corporation Name

BARING LATIN AMERICA CAPITAL CORPORATION, INC.

Principal Place of Business	Mailing Address
GRAND BAY PLAZA, 2665 S BAYSHORE DR. SUITE 1101 COCONUT GROVE FL 33133	GRAND BAY PLAZA, 2665 S. BAYSHORE DR. SUITE 1101 COCONUT GROVE FL 33133

3. Date Incorporated or Qualified: 06/08/1995
3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: VIVIAN GOMEZ
82 Street Address (P.O. Box Number is Not Acceptable): c/o WESTFIELD CAPITAL
83: 2665 S. BAYSHORE DRIVE, STE 1101
84 City: COCONUT GROVE FL 85 Zip Code: 33133

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: ✓ 5/21/96
Signature, typed or printed name of registered agent and title of officer. (NOTE: Registered Agent's signature required when name changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KICZYNSKI, PEDRO P 2665 S. BAYSHORE DR., STE 1101 COCONUT GROVE FL ☐ 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	ST SEPULVEDA, GERARDO 2665 S. BAYSHORE DR., STE 1101 COCONUT GROVE FL ☐ 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	CD DARE, JOHN 8 BISHOPSGATE LONDON ENGLAND ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEECK, ALBERTO 667 MADISON AVENUE NEW YORK NY ☐ 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	D HUNTLEY, MARK BARFIELD HOUSE, ST JULIAN'S AVE ST PETER PORT GUERNSEY NY ☐ 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	D MONTERO, FERNANDO 2665 S. BAYSHORE DR., STE 1101 COCONUT GROVE FL ☐ 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/96 Date

(305) 285-7995 Daytime Phone #

CR2E034 (12/95)

0441234 FP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

[redacted] 1996

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

DOCUMENT # N94000003759

1. Corporation Name
FOX RUN ASSOCIATION, INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7-28-94
3a. Date of Last Report: 3-15-95
4. FEI Number: 59-3267837 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 15 E. BRADLEY ST.
22 Suite, Apt. #, etc.
23 City & State: DESTIN, FLORIDA
24 Zip: 32541
25 Country: WALTON

2a. Mailing Address
26 C/O LARRY R. SCHNAIDT
27 Suite, Apt. #, etc.: 4581 RUNNING MEADOWS LANE
28 City & State: TALLAHASSEE, FL
29 Zip: 32303
30 Country: LEON

9. Name and Address of Current Registered Agent
WILLIAM H. GREEN

10. Name and Address of New Registered Agent
81 Name: LARRY R. SCHNAIDT
82 Street Address (P.O. Box Number is Not Acceptable): 4581 RUNNING MEADOWS LANE
83
84 City: TALLAHASSEE FL Zip Code: 32303

000001743410
-03/14/96--01077--016

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Larry R. Schnaidt (Signature of typed or printed named registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: Feb. 2, 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		1.1 TITLE	President	☐ Change ☒ Addition
		1.2 NAME	Albert M. Cole	
		1.3 STREET ADDRESS	674 Brookshaven Way	
		1.4 CITY-ST-ZIP	Niceville, FL 32578	
		2.1 TITLE	V	☐ Change ☒ Addition
		2.2 NAME	Diane Gill	
		2.3 STREET ADDRESS	15 E. Bradley St, #1	
		2.4 CITY-ST-ZIP	Destin, FL 32541	
		3.1 TITLE	S	☐ Change ☒ Addition
		3.2 NAME	Larry R. Schnaidt	
		3.3 STREET ADDRESS	4581 Running Meadows Lane	
		3.4 CITY-ST-ZIP	Tallahassee, FL 32303	
		4.1 TITLE	T	☒ Change ☒ Addition
		4.2 NAME	Anna E. Cole	
		4.3 STREET ADDRESS	11721 Old Meadow Road	
		4.4 CITY-ST-ZIP	Knox, Tennessee 38028	
		5.1 TITLE	D	☒ Change ☐ Addition
		5.2 NAME	Dorothy P. Roper	
		5.3 STREET ADDRESS	15 E. Bradley St., #13	
		5.4 CITY-ST-ZIP	Destin, FL 32541	
		6.1 TITLE	D	☒ Change ☐ Addition
		6.2 NAME	Jim McVay	
		6.3 STREET ADDRESS	101 Rainbow Dr., #1291	
		6.4 CITY-ST-ZIP	Livingston, Texas 77351	

CR2E037 (3/95)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Larry R. Schnaidt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LARRY R. SCHNAIDT

Feb. 6, 1996 (904) 921-6254
Date Daytime Phone #

04 34 96

N94000003759 Pg.2

Continuation of NONPROFIT CORPORATION ANNUAL REPORT - **1996**
Page 2 of 2

Document #: **N94000003759**
Name: **FOX RUN ASSOCIATION, INC.**

13	**Additions/Changes to Officers and Directors in 12**		
7.1 TITLE	D	X Change	Addition
7.2 NAME	JOHN S. HARSHMAN		
7.3 STREET ADDRESS	6 Will Rogers Place		
7.4 CITY-ST-ZIP	Kettering, Ohio 45420		

NOTE: Please note that each of the three (3) prior directors, Thomas E. Riley, Ivan H. Holden, and Vivian L. Riley, have resigned and are being replaced by the directors named within 13.5, thru 13.7. The officers have been elected pursuant to the By-Laws, and are listed within 13.1, thru 13.4.

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F95000002774 (6)**

1. Corporation Name
BARING LATIN AMERICA CAPITAL CORPORATION, INC.

Principal Place of Business	Mailing Address
GRAND BAY PLAZA. 2665 S. BAYSHORE DR. SUITE 1101 COCONUT GROVE FL 33133	GRAND BAY PLAZA. 2665 S. BAYSHORE DR. SUITE 1101 COCONUT GROVE FL 33133

3. Date Incorporated or Qualified: 06/08/1995
3a. Date of Last Report: 03/14/1996

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 65-0586176 ☐ 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**

~~VIVIAN GOMEZ~~
~~C/O WESTFIELD CAPITAL~~
2665 S BAYSHORE DRIVE, SUITE 1101
COCONUT GROVE FL 33133

10. **Name and Address of New Registered Agent**

81 Name: PEDRO PABLO KUCZYNSKI
82 Street Address (P.O. Box Numbers Not Acceptable): 2665 S. BAYSHORE DRIVE
83: # 1101
84 City: COCONUT GROVE FL 85 Zip Code: 33133

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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. The 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: [signature] DATE: 4/30/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	MD	☐ Change ☒ Addition
NAME	KUCZYNSKI, PEDRO P		1.2 NAME	NANCY A. LANGE	
STREET ADDRESS	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101		1.3 STREET ADDRESS	GRAND BAY PLAZA. 2665 S. BAYSHORE DR #1101	
CITY-ST-ZIP	COCONUT GROVE FL 33133		1.4 CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	STMD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SEPULVEDA, GERARDO		2.2 NAME		
STREET ADDRESS	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133		2.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DARE, JOHN		3.2 NAME		
STREET ADDRESS	60 LONDON WALL		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONDON ENGLAND EC2M -5TQ		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BECK, ALBERTO		4.2 NAME		
STREET ADDRESS	667 MADISON AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10021		4.4 CITY-ST-ZIP		
TITLE	MD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ELEJALDE, EDUARDO		5.2 NAME		
STREET ADDRESS	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101		5.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133		5.4 CITY-ST-ZIP		
TITLE	MD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MONTERO, FERNANDO		6.2 NAME		
STREET ADDRESS	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101		6.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133		6.4 CITY-ST-ZIP		

CR2E084 (9/96)

14. I do 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 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] 4/30/97 305 205-2995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0518920

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **F95000002774 (6)**

1. Corporation Name
BARING LATIN AMERICA CAPITAL CORPORATION, INC.

Principal Place of Business	Mailing Address
GRAND BAY PLAZA, 2665 S. BAYSHORE DR. SUITE 1101 COCONUT GROVE FL 33133	GRAND BAY PLAZA, 2665 S. BAYSHORE DR. SUITE 1101 COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1995

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

4. FEI Number: 65-0586176 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KUCZUNSKI, PEDRO-PABLO
2665 S. BAYSHORE DRIVE
#1101
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KUCZYNSKI, PEDRO P		1.2 NAME		
STREET ADDRESS	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133		1.4 CITY-ST-ZIP		
TITLE	STMD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SEPULVEDA, GERARDO		2.2 NAME		
STREET ADDRESS	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133		2.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DARE, JOHN		3.2 NAME		
STREET ADDRESS	60 LONDON WALL		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONDON ENGLAND EC2M -5TQ		3.4 CITY-ST-ZIP		
TITLE	~~D~~	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~BEGK, ALBERTO~~ e		4.2 NAME		
STREET ADDRESS	~~667 MADISON AVENUE~~ e		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~NEW YORK NY 10021~~ e		4.4 CITY-ST-ZIP		
TITLE	MD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ELEJALDE, EDUARDO		5.2 NAME		
STREET ADDRESS	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101		5.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133		5.4 CITY-ST-ZIP		
TITLE	MD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MONTERO, FERNANDO		6.2 NAME		
STREET ADDRESS	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101		6.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133		6.4 CITY-ST-ZIP		

CR2E034 (5/98)

14. 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 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 GERARDO JR. SEPULVEDA 8/21/98 (305) 285-4841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90042 002 ***150.00

0572766

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000002774**

1. Corporation Name

BARING LATIN AMERICA CAPITAL CORPORATION, INC.

Principal Place of Business	Mailing Address
GRAND BAY PLAZA. 2665 S. BAYSHORE DR. SUITE 1101 COCONUT GROVE FL 33133	GRAND BAY PLAZA. 2665 S. BAYSHORE DR. SUITE 1101 COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 65-0586176 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KUCZUNSKI, PEDRO-PABLO
2665 S. BAYSHORE DRIVE
#1101
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KUCZYNSKI, PEDRO P		1.2 NAME		
STREET ADDRESS	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133		1.4 CITY-ST-ZIP		
TITLE	STMD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SEPULVEDA, GERARDO		2.2 NAME		
STREET ADDRESS	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133		2. 4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DARE, JOHN		3.2 NAME		
STREET ADDRESS	60 LONDON WALL		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONDON ENGLAND EC2M -5TQ		3.4. CITY-ST-ZIP		
TITLE	MD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ELEJALDE, EDUARDO		4. 2 NAME		
STREET ADDRESS	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133		4.4 CITY-ST-ZIP		
TITLE	MD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MONTERO, FERNANDO		5.2 NAME		
STREET ADDRESS	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101		5.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Pedro-Pablo Kuczynski April 27, 1999 305-285-7995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State
02-21-2000 90035 003 ***150.00

DOCUMENT # F95000002774

1. Entity Name

BARING LATIN AMERICA CAPITAL CORPORATION, INC.

Principal Place of Business	Mailing Address
GRAND BAY PLAZA. 2665 S. BAYSHORE DR. SUITE 1101 COCONUT GROVE FL 33133	GRAND BAY PLAZA. 2665 S. BAYSHORE DR. SUITE 1101 COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

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 65-0586176 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KUCZUNSKI, PEDRO-PABLO
2665 S. BAYSHORE DRIVE
#1101
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KUCZYNSKI, PEDRO P GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101 COCONUT GROVE FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STMD SEPULVEDA, GERARDO GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101 COCONUT GROVE FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C DARE, JOHN 60 LONDON WALL LONDON ENGLAND EC2M -5TQ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD ELEJALDE, EDUARDO GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101 COCONUT GROVE FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD MONTERO, FERNANDO GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101 COCONUT GROVE FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ Pedro-Pablo Kuczynski 2/14/00 305-285-4841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90103 001 ***150.00

DOCUMENT # F95000002774

1. Entity Name

BARING LATIN AMERICA CAPITAL CORPORATION, INC.

Principal Place of Business	Mailing Address
GRAND BAY PLAZA, 2665 S. BAYSHORE DR. SUITE 1101 COCONUT GROVE FL 33133	GRAND BAY PLAZA, 2665 S. BAYSHORE DR. SUITE 1101 COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

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 65-0586176 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KUCZUNSKI, PEDRO-PABLO
2665 S. BAYSHORE DRIVE
#1101
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KUCZYNSKI, PEDRO P GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101 COCONUT GROVE FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STMD SEPULVEDA, GERARDO GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101 COCONUT GROVE FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C DARE, JOHN 60 LONDON WALL LONDON ENGLAND EC2M -5TQ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD ELEJALDE, EDUARDO GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101 COCONUT GROVE FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD MONTERO, FERNANDO GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101 COCONUT GROVE FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: Gerardo J. Sepulveda 04/16/01 (305) 285-4891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90040 026 ***150.00

DOCUMENT # F95000002774

1. Entity Name
BARING LATIN AMERICA CAPITAL CORPORATION, INC.

Principal Place of Business	Mailing Address
GRAND BAY PLAZA. 2665 S. BAYSHORE DR. SUITE 1101 COCONUT GROVE FL 33133	GRAND BAY PLAZA. 2665 S. BAYSHORE DR. SUITE 1101 COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

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 65-0586176 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KUCZUNSKI, PEDRO-PABLO
2665 S. BAYSHORE DRIVE
#1101
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KUCZYNSKI, PEDRO P GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101 COCONUT GROVE FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STMD SEPULVEDA, GERARDO GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101 COCONUT GROVE FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C DARE, JOHN 60 LONDON WALL LONDON ENGLAND EC2M -5TQ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD ELEJALDE, EDUARDO GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101 COCONUT GROVE FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD MONTERO, FERNANDO GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101 COCONUT GROVE FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 REQUIRED GERARDO R. SEPULVEDA 4/22/02 (305)285-7995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# F95000002774

Entity Name: BARING LATIN AMERICA CAPITAL CORPORATION, INC.

Current Principal Place of Business:

GRAND BAY PLAZA, 2665 S. BAYSHORE DR.
SUITE 1101
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

GRAND BAY PLAZA, 2665 S. BAYSHORE DR.
SUITE 1101
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 65-0586176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUCZUNSKI, PEDRO-PABLO
2665 S. BAYSHORE DRIVE
#1101
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	KUCZYNSKI, PEDRO P	
Address:	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	STMD	( ) Delete
Name:	SEPULVEDA, GERARDO	
Address:	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	C	( ) Delete
Name:	DARE, JOHN	
Address:	60 LONDON WALL	
City-St-Zip:	LONDON ENGLAND, EC2M 5TQ EN	
Title:	MD	( ) Delete
Name:	ELEJALDE, EDUARDO	
Address:	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	MD	( ) Delete
Name:	MONTERO, FERNANDO	
Address:	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101	
City-St-Zip:	COCONUT GROVE, FL 33133	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PEDRO-PABLO KUCZYNSKI PD 01/06/2004

Electronic Signature of Signing Officer or Director — Date

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# F95000002774

Entity Name: BARING LATIN AMERICA CAPITAL CORPORATION, INC.

Current Principal Place of Business:

GRAND BAY PLAZA, 2665 S. BAYSHORE DR.
SUITE 1101
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

GRAND BAY PLAZA, 2665 S. BAYSHORE DR.
SUITE 1101
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 65-0586176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUCZUNSKI, PEDRO-PABLO
2665 S. BAYSHORE DRIVE
#1101
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	KUCZYNSKI, PEDRO P	
Address:	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	STMD	( ) Delete
Name:	SEPULVEDA, GERARDO	
Address:	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	C	( ) Delete
Name:	DARE, JOHN	
Address:	60 LONDON WALL	
City-St-Zip:	LONDON ENGLAND, EC2M 5TQ EN	
Title:	MD	( ) Delete
Name:	ELEJALDE, EDUARDO	
Address:	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	MD	( ) Delete
Name:	MONTERO, FERNANDO	
Address:	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101	
City-St-Zip:	COCONUT GROVE, FL 33133	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PEDRO-PABLO KUCZYNSKI PD 01/06/2004

Electronic Signature of Signing Officer or Director — Date

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# F95000002774

Entity Name: BARING LATIN AMERICA CAPITAL CORPORATION, INC.

Current Principal Place of Business:

GRAND BAY PLAZA, 2665 S. BAYSHORE DR.
SUITE 1101
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

GRAND BAY PLAZA, 2665 S. BAYSHORE DR.
SUITE 1101
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 65-0586176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUCZUNSKI, PEDRO-PABLO
2665 S. BAYSHORE DRIVE
#1101
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	KUCZYNSKI, PEDRO P	
Address:	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	STMD	( ) Delete
Name:	SEPULVEDA, GERARDO	
Address:	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	C	( ) Delete
Name:	DARE, JOHN	
Address:	60 LONDON WALL	
City-St-Zip:	LONDON ENGLAND, EC2M 5TQ EN	
Title:	MD	( ) Delete
Name:	ELEJALDE, EDUARDO	
Address:	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	MD	( ) Delete
Name:	MONTERO, FERNANDO	
Address:	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101	
City-St-Zip:	COCONUT GROVE, FL 33133	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GERARDO SEPULVEDA STMD 01/06/2005

Electronic Signature of Signing Officer or Director — Date

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# F95000002774

Entity Name: BARING LATIN AMERICA CAPITAL CORPORATION, INC.

Current Principal Place of Business:

GRAND BAY PLAZA, 2665 S. BAYSHORE DR.
SUITE 1101
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

GRAND BAY PLAZA, 2665 S. BAYSHORE DR.
SUITE 1101
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 65-0586176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUCZUNSKI, PEDRO-PABLO
2665 S. BAYSHORE DRIVE
#1101
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	KUCZYNSKI, PEDRO P	
Address:	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	STMD	( ) Delete
Name:	SEPULVEDA, GERARDO	
Address:	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	C	( ) Delete
Name:	DARE, JOHN	
Address:	60 LONDON WALL	
City-St-Zip:	LONDON ENGLAND, EC2M 5TQ EN	
Title:	MD	( ) Delete
Name:	ELEJALDE, EDUARDO	
Address:	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	MD	( ) Delete
Name:	MONTERO, FERNANDO	
Address:	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101	
City-St-Zip:	COCONUT GROVE, FL 33133	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EDUARDO ELEJALDE MD 01/06/2006

Electronic Signature of Signing Officer or Director — Date

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007
Secretary of State

DOCUMENT# F95000002774

Entity Name: BARING LATIN AMERICA CAPITAL CORPORATION, INC.

Current Principal Place of Business:

GRAND BAY PLAZA, 2665 S. BAYSHORE DR.
SUITE 1101
COCONUT GROVE, FL 33133

New Principal Place of Business:

GRAND BAY PLAZA, 2665 S. BAYSHORE DR.
SUITE 715
COCONUT GROVE, FL 33133

Current Mailing Address:

GRAND BAY PLAZA, 2665 S. BAYSHORE DR.
SUITE 1101
COCONUT GROVE, FL 33133

New Mailing Address:

GRAND BAY PLAZA, 2665 S. BAYSHORE DR.
SUITE 715
COCONUT GROVE, FL 33133

FEI Number: 65-0586176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUCZUNSKI, PEDRO-PABLO
2665 S. BAYSHORE DRIVE
#1101
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

KUCZUNSKI, PEDRO-PABLO
2665 S. BAYSHORE DRIVE
#715
COCONUT GROVE, FL 33133 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: _____ 02/01/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KUCZYNSKI, PEDRO P
Address: GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101
City-St-Zip: COCONUT GROVE, FL 33133

Title: STMD ( ) Delete
Name: SEPULVEDA, GERARDO
Address: GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101
City-St-Zip: COCONUT GROVE, FL 33133

Title: C (X) Delete
Name: DARE, JOHN
Address: 60 LONDON WALL
City-St-Zip: LONDON ENGLAND, EC2M 5TQ EN

Title: MD ( ) Delete
Name: ELEJALDE, EDUARDO
Address: GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101
City-St-Zip: COCONUT GROVE, FL 33133

Title: MD ( ) Delete
Name: MONTERO, FERNANDO
Address: GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KUCZYNSKI, PEDRO P
Address: GRAND BAY PLAZA, 2665 S. BAYSHORE DR #715
City-St-Zip: COCONUT GROVE, FL 33133

Title: STMD (X) Change ( ) Addition
Name: SEPULVEDA, GERARDO
Address: GRAND BAY PLAZA, 2665 S. BAYSHORE DR #715
City-St-Zip: COCONUT GROVE, FL 33133

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MD (X) Change ( ) Addition
Name: ELEJALDE, EDUARDO
Address: GRAND BAY PLAZA, 2665 S. BAYSHORE DR #715
City-St-Zip: COCONUT GROVE, FL 33133

Title: MD (X) Change ( ) Addition
Name: MONTERO, FERNANDO
Address: GRAND BAY PLAZA, 2665 S. BAYSHORE DR #715
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GERARDO SEPULVEDA STMD 02/01/2007
Electronic Signature of Signing Officer or Director — Date

F95000002774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 AUG 27 PM 2:03

Withdrawal
CUS
@ 9/2/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Baring Latin America Capital Corporation, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F95000002774

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Denise Hernandez
(Name of Person)

Baring Latin America Capital Corporation, Inc.
(Firm/Company)

2665 S Bayshore Drive, Suite 715
(Address)

Coconut Grove, FL 33133
(City/State and Zip code)

For further information concerning this matter, please call:

Denise Hernandez at (305) 285-4841
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 AUG 27 PM 2:03

Baring Latin America Capital Corporation, Inc.
(Name of Corporation)

F95000002774
(Document Number of Corporation (if known)

Delaware
(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

2665 S Bayshore Drive, Suite 715
(Mailing Address)

Coconut Grove, FL 33133
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

8/19/08
(Date)

Gerardo Sepulveda
(Typed or printed name of person signing)

Secretary/Treasurer
(Title of person signing)

FILING FEE $35

F95000002774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

700134946317

08/27/08--01018--001 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 AUG 27 PM 2:03

Withdrawal
CUS
@ 9/2/08

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APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 AUG 27 PM 2:03

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(Name of Corporation)

F95000002774
(Document Number of Corporation (if known)

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(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

8/19/08
(Date)

Gerardo Sepulveda
(Typed or printed name of person signing)

Secretary/Treasurer
(Title of person signing)

FILING FEE $35

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# F95000002774

Entity Name: BARING LATIN AMERICA CAPITAL CORPORATION, INC.

Current Principal Place of Business:

GRAND BAY PLAZA, 2665 S. BAYSHORE DR.
SUITE 715
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

GRAND BAY PLAZA, 2665 S. BAYSHORE DR.
SUITE 715
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 65-0586176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUCZUNSKI, PEDRO-PABLO
2665 S. BAYSHORE DRIVE
#715
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	KUCZYNSKI, PEDRO P	
Address:	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #715	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	STMD	( ) Delete
Name:	SEPULVEDA, GERARDO	
Address:	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #715	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	MD	( ) Delete
Name:	ELEJALDE, EDUARDO	
Address:	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #715	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	MD	( ) Delete
Name:	MONTERO, FERNANDO	
Address:	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #715	
City-St-Zip:	COCONUT GROVE, FL 33133	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GERARDO SEPULVEDA STMD 04/16/2008

Electronic Signature of Signing Officer or Director — Date

F95000002774

csc networks
PRENTICE HALL LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 612315 / 86901D

AUTHORIZATION : Patricia Pyfits

COST LIMIT : $ 122.50

ORDER DATE : June 8, 1995

ORDER TIME : 11:39 AM

ORDER NO. : 612315

200001508782

CUSTOMER NO: 86901D

CUSTOMER: Mr. Sephram George
Prentice Hall Legal &
375 Hudson Street

New York, NY 10014

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DIVISION OF CORPORATIONS
95 JUN -8 PM 1:28

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95 JUN -8 PM 12:07
DIVISION OF CORPORATIONS

mtk

FOREIGN FILINGS

NAME: BARING LATIN AMERICA CAPITAL CORPORATION, INC.

____ PROFIT
____ NON-PROFIT

XX CORPORATE
____ LIMITED PARTNERSHIP

XX QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea C. Mabry

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BARING LATIN AMERICA CAPITAL CORPORATION, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. State of Delaware
(State or country under the law of which it is incorporated)

3. N/A
(FEI number, if applicable)

4. November 9, 1994
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. Upon filing
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. Grand Bay Plaza, 2665 S.Bayshore Drive, Suite 1101
Coconut Grove, Florida 33133
(Current mailing address)

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95 JUN -8 PM 1:25
SECRETARY OF STATE
DIVISION OF CORPORATIONS

8. To conduct any lawful business, promote any lawful purpose and engage in any lawful act or activity.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent:**

Name: The Prentice-Hall Corporation System, Inc.

Office Address: 1201 Hays Street, Suite 105

Tallahassee, Florida, 32301
(Zip Code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

The Prentice-Hall Corporation System, Inc.

By: Vicki Schreiber, Asst. V.P.
(Registered agent's signature)

Vicki Schreiber, Asst. V.P.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: John Dare

Address: 8 Bishopsgate
London EC2N 4AE, England

Vice Chairman: N/A

Address:

Director: Alberto Beeck

Address: 667 Madison Avenue
New York, NY 10021

Director: Mark Huntley

Address: P.O.Box 255, Barfield House, St.Julian's Ave.
St.Peter Port, Guernsey GY1 3QL

B. OFFICERS

President: Pedro-Pablo Kuczynski

Address: 2665 S.Bayshore Drive, Suite 1101
Coconut Grove, FL 33133

Vice President: N/A

Address:

Secretary: Gerardo Sepulveda

Address: 2665 S.Bayshore Drive, Suite 1101
Coconut Grove, FL 33133

Treasurer: Gerardo Sepulveda

Address: 2665 S.Bayshore Drive, Suite 1101
Coconut Grove, FL 33133

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -8 PM 1:28

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Eduardo Elejalde, Managing Director
(Typed or printed name and capacity of person signing application)

ADDENDUM TO APPLICATION FOR

AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA OF

BARING LATIN AMERICA CAPITAL CORPORATION, INC.

12. Names and addresses of additional officers and directors:

A. DIRECTORS

Director: Pedro-Pablo Kuczynski
Address: 2665 S.Bayshore Drive, Suite 1101
Coconut Grove, FL 33133

Director: Fernando Montero
Address: 2665 S.Bayshore Drive, Suite 1101
Coconut Grove, FL 33133

Director: Eduardo Elejalde
Address: 2665 S.Bayshore Drive, Suite 1101
Coconut Grove, FL 33133

B. OFFICERS

Managing Director: Eduardo Elejalde
Address: 2665 S.Bayshore Drive, Suite 1101
Coconut Grove, FL 33133

Managing Director: Nancy Lange
Address: 2665 S.Bayshore Drive, Suite 1101
Coconut Grove, FL 33133

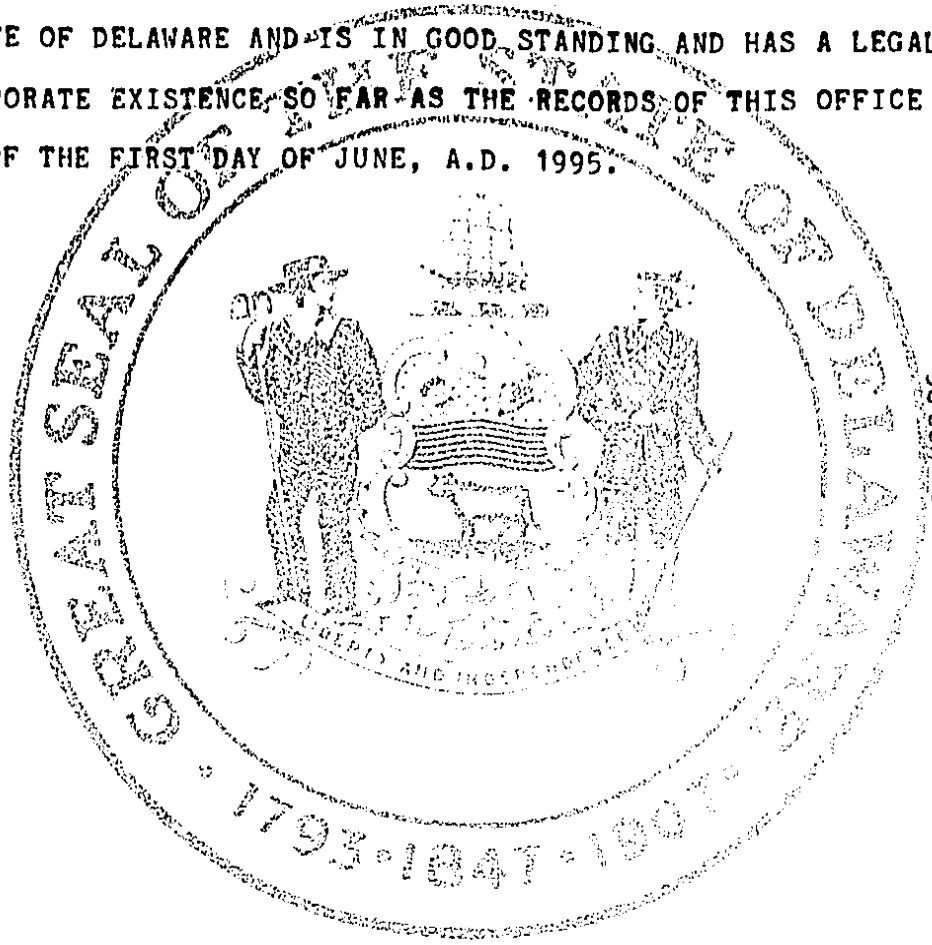
Managing Director: Fernando Montero
Address: 2665 S.Bayshore Drive, Suite 1101
Coconut Grove, FL 33133

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -8 PM 1:28

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BARING LATIN AMERICA CAPITAL CORPORATION, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF JUNE, A.D. 1995.



95 JUN -8 PM 1:29
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Edward J. Freel, Secretary of State

2451409 8300

950120949

AUTHENTICATION: 7523591

DATE: 06-01-95

F95000002774

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued or else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: BARING LATIN AMERICA CAPITAL CORPORATION, INC. EIN or SS#: 650586176

Address: 2665 S. Bayshore Drive STE 1101

COCONUT GROVE, FL 33133-5402

Amount: 163.75 Date Paid 5/31/96

Reason for claim: F95xxxxx2774 over paid. Baring Latin America Capital Corporation Inc. Duplicate Filing

Certified true and correct this 31 *day of* JULY, 19 96.

Signature _____

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: *Amount of recommended refund $* 163.75

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. Rdc53108 *dated* 5/31/96.

Name of Account _____

45202130001453000000000010000

Statutory Authority for Collection 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

45202130001453000000022002000

Certified true and correct this _____ *day of* _____, 19____

Department of State, Division of Corporations

(Agency) (Authorized Signature and Title)

6/5/96

CR2E060(6/95)