

M98000001069

SHAW PITTMAN  
POTTS & TROWBRIDGE  
A PARTNERSHIP INCLUDING PROFESSIONAL CORPORATION

2300 N. Street, N.W.  
Washington, D.C. 20037-1120  
202.663.8000  
Facsimile 202.663.8007

LISA-MARIE C. MONSANTO  
202.663.8543  
lisa\_monsanto@shawpittman.com

New York  
Virginia

September 18, 1998

100002645111--1  
-09/21/98--01130--002  
\*\*\*\*285.00 \*\*\*\*285.00

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**Re: Registration of Foreign Corporations to Transact Business in Florida**

Madam or Sir:

Enclosed please find an application by foreign limited liability company for authorization to transact business in Florida, affidavit of membership and contributions of foreign limited liability company, certificate of designation of registered agent/registered office, a Delaware certificate of good standing and a check made payable to the Florida Department of State in the amount of \$285.00 (to cover filing fees of \$250 for application and affidavit and \$35 for designation of registered agent), for each of (i) The Latin America Enterprise Capital Corporation, L.L.C. and (ii) Latin America Enterprise Fund Managers, L.L.C.

Please do not hesitate to contact me should you have any questions in connection with the enclosed applications.

Sincerely,

*Lisa-Marie C. Monsanto*

Lisa-Marie C. Monsanto

Enclosure  
cc: Stephen R. Bauer, Esq.

M98-1069

|                 |        |
|-----------------|--------|
| Name            | ALP-22 |
| Availability    |        |
| Document        |        |
| Examined        |        |
| Updater         |        |
| Updated         |        |
| Verified        |        |
| Acknowledgement |        |
| W. P. Verity    |        |

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF  
FLORIDA

1. The Latin America Enterprise Capital Corporation, L.L.C.  
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so  
contained in the name at present.)
2. Delaware  
(Jurisdiction under the law of which foreign  
limited liability company is organized)
3. 65-0699201  
(FEI number, if applicable)
4. May 25, 1995  
(Date of Organization)
5. December 31, 2045  
(Duration: Year limited liability company will cease to  
exist or "perpetual")
6. September 15, 1998  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
7. Grand Bay Plaza, 2665 South Bayshore Drive, Suite 1101, Coconut Grove, Florida 33133  
(Street address of principal office)
8. List name, title, and business address of each managing member [MGRM] or manager [MGR] who will manage the foreign limited  
liability company in Florida: (attach additional page if necessary)

## NAME & ADDRESS:

## TITLE:

## NAME & ADDRESS:

## TITLE:

Pedro-Pablo Kuczynski  
Grand Bay Plaza  
2665 South Bayshore Dr., #1101  
Coconut Grove, Florida 33133

Managing Member

Gerardo Sepulveda  
Grand Bay Plaza  
2665 South Bayshore Dr., #1101  
Coconut Grove, Florida 33133

Member

Eduardo Elejalde  
Grand Bay Plaza  
2665 South Bayshore Dr., #1101  
Coconut Grove, Florida 33133

Member

Fernando Montero  
Grand Bay Plaza  
2665 South Bayshore Dr., #1101  
Coconut Grove, Florida 33133

Member

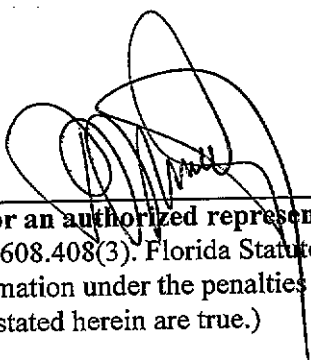
FILED  
98 SEP 21 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the  
proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable.  
If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN  
LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of The Latin America  
Enterprise Capital Corporation, L.L.C. certifies

- 1) the above named limited liability company has at least two members;
- 2) the total amount of cash contributed by the member(s) is \$ 400
- 3) if any, the agreed value of property other than cash contributed by member(s) is  
(A description of the property is attached and made a part hereto.)  
and \$ 0
- 4) the total amount of cash and property contributed and anticipated to be  
contributed by member(s) is (This total includes amounts from 2 and 3 above.) \$ 400

  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**  
(In accordance with section 608.408(3), Florida Statutes, the execution of this  
affidavit constitutes an affirmation under the penalties of perjury that the facts  
stated herein are true.)

\_\_\_\_\_  
Pedro-Pablo Kuczynski  
Typed or printed name of signee

FILED  
98 SEP 21 PM 4: 30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$250.00 for Application and Affidavit**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

The Latin America Enterprise Capital Corporation, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

Pedro-Pablo Kuczynski

(Name)

Grand Bay Plaza, 2665 South Bayshore Drive, Suite 1101

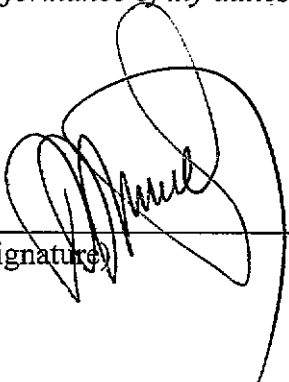
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Coconut Grove FL 33133

City/State/Zip

FILED  
98 SEP 21 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
\_\_\_\_\_  
(Signature)

**Filing Fee: \$35 for Designation of Registered Agent**

# Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE LATIN AMERICA ENTERPRISE CAPITAL CORPORATION, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF SEPTEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2507415 8300

981359819



*Edward J. Freel* 9305397  
09-16-98  
Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                                                                                                                                                                                                                                                                                                                                                    |                                                                                         |                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>LIMITED LIABILITY COMPANY</b><br><b>ANNUAL REPORT</b><br><b>1999</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  | <br><b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                                                                                                                                               | <b>FILED</b><br><br>99 MAR 17 AM 8:14<br><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |                                                                                                                                                  |
| <b>FILING FEE \$ 188.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | <b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b><br><b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>                                                                                                                                                                                                                  |                                                                                         |                                                                                                                                                  |
| <b>1. Name and Mailing Address of Limited Liability Company</b><br><b>DOCUMENT # M98000001069</b><br><b>THE LATIN AMERICA ENTERPRISE CAPITAL CORPORATION, L.L.C.</b><br><b>2665 SOUTH BAYSHORE DRIVE, SUITE 1101</b><br><b>GRAND BAY PLAZA</b><br><b>COCONUT GROVE FL 33133</b>                                                                                                                                                                                                                                                                                                                           |                                  | <b>1a. Principal Place of Business Address</b><br><b>2665 SOUTH BAYSHORE DRIVE, S</b><br><b>GRAND BAY PLAZA</b><br><b>COCONUT GROVE FL 33133</b>                                                                                                                                                                                                   |                                                                                         |                                                                                                                                                  |
| <b>2. Principal Place of Business</b><br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br>Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | <b>2a. Mailing Address</b><br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br>Country                                                                                                                                                                                                                                                    |                                                                                         | <b>3. Date Organized or Qualified</b><br><b>09/21/1998</b><br><br><b>4. FEI Number</b><br><b>65-0699201</b><br><br><b>5. Date of Last Report</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  | <b>3a. State of Formation</b><br><b>DE</b><br><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable<br><br><b>6. Certificate of Status Desired</b><br><input checked="" type="checkbox"/> \$8.75 Additional Fee Required                                                                                             |                                                                                         |                                                                                                                                                  |
| <b>7. Name and Address of Current Registered Agent</b><br><b>KUCZYNSKI, PEDRO-PABLO</b><br><b>2665 SOUTH BAYSHORE DRIVE, SUITE 110</b><br><b>GRAND BAY PLAZA</b><br><b>COCONUT GROVE FL 33133</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                                  | <b>8. Name and Address of New Registered Agent/Office</b><br><b>Name</b><br><br><b>Street Address (P.O. Box Number is Not Acceptable)</b><br><br><b>Suite, Apt. #, etc.</b> <del>688802820236</del><br><b>City</b> <del>03/26/99</del> <del>01088</del> <del>010</del><br><b>Zip Code</b> <del>****188.75</del> <del>****188.75</del><br><b>FL</b> |                                                                                         |                                                                                                                                                  |
| <b>9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.</b>                                                                                                                                                                           |                                  |                                                                                                                                                                                                                                                                                                                                                    |                                                                                         |                                                                                                                                                  |
| <b>SIGNATURE</b> _____<br><small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-appointing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  | <b>DATE</b> _____                                                                                                                                                                                                                                                                                                                                  |                                                                                         |                                                                                                                                                  |
| <b>10. Title</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Managing Members/Managers</b> | <b>Business Street Address</b>                                                                                                                                                                                                                                                                                                                     | <b>City, State and Zip Code</b>                                                         |                                                                                                                                                  |
| MGRM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | KUCZYNSKI, PEDRO-PABLO           | 2665 SOUTH BAYSHORE DRIVE,                                                                                                                                                                                                                                                                                                                         | COCONUT GROVE FL                                                                        |                                                                                                                                                  |
| MEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ELEJALDE, EDUARDO                | 2665 SOUTH BAYSHORE DRIVE,                                                                                                                                                                                                                                                                                                                         | COCONUT GROVE FL                                                                        |                                                                                                                                                  |
| MEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MONTERO, FERNANDO                | 2665 SOUTH BAYSHORE DRIVE,                                                                                                                                                                                                                                                                                                                         | COCONUT GROVE FL                                                                        |                                                                                                                                                  |
| MEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SEPULVEDA, GERARDO               | 2665 SOUTH BAYSHORE DRIVE,                                                                                                                                                                                                                                                                                                                         | COCONUT GROVE FL                                                                        |                                                                                                                                                  |
| <i>SL</i><br><b>3-24-99</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                                                                                                                                                                                                                                                                                                                                                    |                                                                                         |                                                                                                                                                  |
| <b>11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.</b> |                                  |                                                                                                                                                                                                                                                                                                                                                    |                                                                                         |                                                                                                                                                  |
| <b>SIGNATURE:</b> <u><i>Edw Elejalde</i></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  | <b>EDUARDO ELEJALDE 3/12/99</b><br><small>SIGNATURE AND TYPE OF PRINCIPAL OFFICER, SECRETARY, MANAGING MEMBER OR CREWMAN, ETC.</small>                                                                                                                                                                                                             |                                                                                         |                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  | <b>305 - 285 - 4841</b><br><small>Digitally Printed</small>                                                                                                                                                                                                                                                                                        |                                                                                         |                                                                                                                                                  |

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M98000001069**

1. Entity Name

**THE LATIN AMERICA ENTERPRISE CAPITAL CORPORATION**

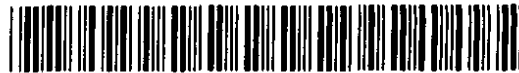
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 FEB 17 AM 10:21

Principal Place of Business

2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
GRAND BAY PLAZA  
COCONUT GROVE FL 33133

Mailing Address

2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
GRAND BAY PLAZA  
COCONUT GROVE FL 33133-5448



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

**65-0699201**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KUCZYNSKI, PEDRO-PABLO**  
2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
GRAND BAY PLAZA  
COCONUT GROVE FL 33133

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **KUCZYNSKI, PEDRO-PABLO**  
CITY-ST-ZIP **2665 SOUTH BAYSHORE DRIVE, SUITE 1101**  
**COCONUT GROVE FL 33133**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS *mf 2/28/00*  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **MEM**  
STREET ADDRESS **ELEJALDE, EDUARDO**  
CITY-ST-ZIP **2665 SOUTH BAYSHORE DRIVE, SUITE 1101**  
**COCONUT GROVE FL 33133**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **700003156477--9**  
CITY-ST-ZIP **-03/03/00--01066--016**

TITLE ☐ Delete  
NAME **MEM**  
STREET ADDRESS **MONTERO, FERNANDO**  
CITY-ST-ZIP **2665 SOUTH BAYSHORE DRIVE, SUITE 1101**  
**COCONUT GROVE FL 33133**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **\*\*\*\*\*50.00 \*\*\*\*\*50.00**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **MEM**  
STREET ADDRESS **SEPULVEDA, GERARDO**  
CITY-ST-ZIP **2665 SOUTH BAYSHORE DRIVE, SUITE 1101**  
**COCONUT GROVE FL 33133**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

**Pedro Pablo Kuczynski**

**2/14/00**

**305-285-4841**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001069

1. Entity Name  
THE LATIN AMERICA ENTERPRISE CAPITAL CORPORATION

Principal Place of Business  
2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
GRAND BAY PLAZA  
COCONUT GROVE FL 33133

Mailing Address  
2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
GRAND BAY PLAZA  
COCONUT GROVE FL 33133

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 65-0699201

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUCZYNSKI, PEDRO-PABLO  
2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
GRAND BAY PLAZA  
COCONUT GROVE FL 33133

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
KUCZYNSKI, PEDRO-PABLO  
2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
COCONUT GROVE FL 33133 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MEM  
ELEJALDE, EDUARDO  
2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
COCONUT GROVE FL 33133 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MEM  
MONTERO, FERNANDO  
2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
COCONUT GROVE FL 33133 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MEM  
SEPULVEDA, GERARDO  
2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
COCONUT GROVE FL 33133 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

ADDITIONS/CHANGES  
100004055041-3  
-04/27/01--01553-008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE *Gerardo Sepulveda*

04.16.01

(305) 285-4841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

APPROVED  
AND  
FILED

01 APR 20 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0009041 AF

CR2E083 (11/00)



# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90195 009 \*\*\*\*50.00

**DOCUMENT # M98000001069**

1. Entity Name

**THE LATIN AMERICA ENTERPRISE CAPITAL CORPORATION  
 , L.L.C.**

Principal Place of Business

**2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
 GRAND BAY PLAZA  
 COCONUT GROVE FL 33133**

Mailing Address

**2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
 GRAND BAY PLAZA  
 COCONUT GROVE FL 33133**

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

**65-0699201**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required.**

6. Name and Address of Current Registered Agent

**KUCZYNSKI, PEDRO-PABLO  
 2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
 GRAND BAY PLAZA  
 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

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**SIGNATURE REQUIRED**

**GERARDO R. SEPULVEDA 4/22/02 (305) 285-7995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90006 025 \*\*\*\*50.00

**DOCUMENT # M98000001069**

1. Entity Name

**THE LATIN AMERICA ENTERPRISE CAPITAL CORPORATION  
, L.L.C.**



Principal Place of Business

**2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
GRAND BAY PLAZA  
COCONUT GROVE FL 33133**

Mailing Address

**2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
GRAND BAY PLAZA  
COCONUT GROVE FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0699201**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KUCZYNSKI, PEDRO-PABLO  
2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
GRAND BAY PLAZA  
COCONUT GROVE FL 33133**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **KUCZYNSKI, PEDRO-PABLO**  
STREET ADDRESS **2665 SOUTH BAYSHORE DRIVE, SUITE 1101**  
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MEM** ☐ Delete  
NAME **ELEJALDE, EDUARDO**  
STREET ADDRESS **2665 SOUTH BAYSHORE DRIVE, SUITE 1101**  
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MEM** ☐ Delete  
NAME **MONTERO, FERNANDO**  
STREET ADDRESS **2665 SOUTH BAYSHORE DRIVE, SUITE 1101**  
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MEM** ☐ Delete  
NAME **SEPULVEDA, GERARDO**  
STREET ADDRESS **2665 SOUTH BAYSHORE DRIVE, SUITE 1101**  
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**  
**GERARDO SEPULVEDA** **FEB 13/2003** **(305) 285-7995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001069

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: THE LATIN AMERICA ENTERPRISE CAPITAL CORPORATION, L.L.C.

## Current Principal Place of Business:

2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
GRAND BAY PLAZA  
COCONUT GROVE, FL 33133

## New Principal Place of Business:

## Current Mailing Address:

2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
GRAND BAY PLAZA  
COCONUT GROVE, FL 33133

## New Mailing Address:

FEI Number: 65-0699201

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KUCZYNSKI, PEDRO-PABLO  
2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
GRAND BAY PLAZA  
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

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: KUCZYNSKI, PEDRO-PABLO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MEM ( ) Delete  
Name: ELEJALDE, EDUARDO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MEM ( ) Delete  
Name: MONTERO, FERNANDO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MEM ( ) Delete  
Name: SEPULVEDA, GERARDO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
City-St-Zip: COCONUT GROVE, FL 33133

## ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition  
Name: ELEJALDE, EDUARDO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR (X) Change ( ) Addition  
Name: MONTERO, FERNANDO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR (X) Change ( ) Addition  
Name: SEPULVEDA, GERARDO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
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 Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PEDRO-PABLO KUCZYNSKI

MGRM

01/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001069

FILED  
Jan 06, 2005  
Secretary of State

**Entity Name:** THE LATIN AMERICA ENTERPRISE CAPITAL CORPORATION, L.L.C.

**Current Principal Place of Business:**

2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
GRAND BAY PLAZA  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
GRAND BAY PLAZA  
COCONUT GROVE, FL 33133

**New Mailing Address:**

**FEI Number:** 65-0699201

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KUCZYNSKI, PEDRO-PABLO  
2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
GRAND BAY PLAZA  
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

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: KUCZYNSKI, PEDRO-PABLO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR ( ) Delete  
Name: ELEJALDE, EDUARDO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR ( ) Delete  
Name: MONTERO, FERNANDO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR ( ) Delete  
Name: SEPULVEDA, GERARDO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
City-St-Zip: COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES:**

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GERARDO SEPULVEDA

MGR

01/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001069

FILED  
Jan 06, 2006  
Secretary of State

**Entity Name:** THE LATIN AMERICA ENTERPRISE CAPITAL CORPORATION, L.L.C.

**Current Principal Place of Business:**

2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
GRAND BAY PLAZA  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
GRAND BAY PLAZA  
COCONUT GROVE, FL 33133

**New Mailing Address:**

**FEI Number:** 65-0699201

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KUCZYNSKI, PEDRO-PABLO  
2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
GRAND BAY PLAZA  
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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KUCZYNSKI, PEDRO-PABLO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR ( ) Delete  
Name: ELEJALDE, EDUARDO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR ( ) Delete  
Name: MONTERO, FERNANDO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR ( ) Delete  
Name: SEPULVEDA, GERARDO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
City-St-Zip: COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES:**

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GERARDO SEPULVEDA

MGR

01/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001069

FILED  
Feb 01, 2007  
Secretary of State

**Entity Name:** THE LATIN AMERICA ENTERPRISE CAPITAL CORPORATION, L.L.C.

**Current Principal Place of Business:**

2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
GRAND BAY PLAZA  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
GRAND BAY PLAZA  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

2665 SOUTH BAYSHORE DRIVE, SUITE 715  
GRAND BAY PLAZA  
COCONUT GROVE, FL 33133

**New Mailing Address:**

2665 SOUTH BAYSHORE DRIVE, SUITE 715  
GRAND BAY PLAZA  
COCONUT GROVE, FL 33133

**FEI Number:** 65-0699201

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KUCZYNSKI, PEDRO-PABLO  
2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
GRAND BAY PLAZA  
COCONUT GROVE, FL 33133 US

**Name and Address of New Registered Agent:**

KUCZYNSKI, PEDRO-PABLO  
2665 SOUTH BAYSHORE DRIVE, SUITE 715  
GRAND BAY PLAZA  
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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KUCZYNSKI, PEDRO-PABLO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR ( ) Delete  
Name: ELEJALDE, EDUARDO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR ( ) Delete  
Name: MONTERO, FERNANDO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR ( ) Delete  
Name: SEPULVEDA, GERARDO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
City-St-Zip: COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KUCZYNSKI, PEDRO-PABLO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 715  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR (X) Change ( ) Addition  
Name: ELEJALDE, EDUARDO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 715  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR (X) Change ( ) Addition  
Name: MONTERO, FERNANDO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 715  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR (X) Change ( ) Addition  
Name: SEPULVEDA, GERARDO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GERARDO SEPULVEDA

MGR

02/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001069

FILED  
Apr 16, 2008  
Secretary of State

**Entity Name:** THE LATIN AMERICA ENTERPRISE CAPITAL CORPORATION, L.L.C.

**Current Principal Place of Business:**

2665 SOUTH BAYSHORE DRIVE, SUITE 715  
GRAND BAY PLAZA  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2665 SOUTH BAYSHORE DRIVE, SUITE 715  
GRAND BAY PLAZA  
COCONUT GROVE, FL 33133

**New Mailing Address:**

**FEI Number:** 65-0699201

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KUCZYNSKI, PEDRO-PABLO  
2665 SOUTH BAYSHORE DRIVE, SUITE 715  
GRAND BAY PLAZA  
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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KUCZYNSKI, PEDRO-PABLO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 715  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR ( ) Delete  
Name: ELEJALDE, EDUARDO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 715  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR ( ) Delete  
Name: MONTERO, FERNANDO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 715  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR ( ) Delete  
Name: SEPULVEDA, GERARDO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 715  
City-St-Zip: COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES:**

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GERARDO SEPULVEDA

MGR

04/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date

|                                                                                                                |                            |                                   |                                                     |                                                                                     |                      |
|----------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------|----------------------|
| FLORIDA DEPARTMENT OF STATE<br>DIVISION OF CORPORATIONS                                                        |                            | www.Sunbiz.org                    |                                                     |  |                      |
| <a href="#">Home</a>                                                                                           | <a href="#">Contact Us</a> | <a href="#">E-Filing Services</a> | <a href="#">Document Searches</a>                   | <a href="#">Forms</a>                                                               | <a href="#">Help</a> |
| <a href="#">Previous on List</a> <a href="#">Next on List</a> <a href="#">Return To List</a>                   |                            |                                   | <input type="text" value="Officer/RA Name Search"/> |                                                                                     |                      |
| <a href="#">Events</a> <b>No Name History</b>                                                                  |                            |                                   | <input type="button" value="Submit"/>               |                                                                                     |                      |
| <h2>Detail by Officer/Registered Agent Name</h2>                                                               |                            |                                   |                                                     |                                                                                     |                      |
| <h3><u>Foreign Limited Liability Company</u></h3>                                                              |                            |                                   |                                                     |                                                                                     |                      |
| THE LATIN AMERICA ENTERPRISE CAPITAL CORPORATION, L.L.C.                                                       |                            |                                   |                                                     |                                                                                     |                      |
| <h3><u>Filing Information</u></h3>                                                                             |                            |                                   |                                                     |                                                                                     |                      |
| <b>Document Number</b>                                                                                         | M98000001069               |                                   |                                                     |                                                                                     |                      |
| <b>FEI/EIN Number</b>                                                                                          | 650699201                  |                                   |                                                     |                                                                                     |                      |
| <b>Date Filed</b>                                                                                              | 09/21/1998                 |                                   |                                                     |                                                                                     |                      |
| <b>State</b>                                                                                                   | DE                         |                                   |                                                     |                                                                                     |                      |
| <b>Status</b>                                                                                                  | INACTIVE                   |                                   |                                                     |                                                                                     |                      |
| <b>Last Event</b>                                                                                              | REVOKED FOR ANNUAL REPORT  |                                   |                                                     |                                                                                     |                      |
| <b>Event Date Filed</b>                                                                                        | 09/25/2009                 |                                   |                                                     |                                                                                     |                      |
| <b>Event Effective Date</b>                                                                                    | NONE                       |                                   |                                                     |                                                                                     |                      |
| <h3><u>Principal Address</u></h3>                                                                              |                            |                                   |                                                     |                                                                                     |                      |
| 2665 SOUTH BAYSHORE DRIVE, SUITE 715<br>GRAND BAY PLAZA<br>COCONUT GROVE FL 33133                              |                            |                                   |                                                     |                                                                                     |                      |
| Changed 02/01/2007                                                                                             |                            |                                   |                                                     |                                                                                     |                      |
| <h3><u>Mailing Address</u></h3>                                                                                |                            |                                   |                                                     |                                                                                     |                      |
| 2665 SOUTH BAYSHORE DRIVE, SUITE 715<br>GRAND BAY PLAZA<br>COCONUT GROVE FL 33133                              |                            |                                   |                                                     |                                                                                     |                      |
| Changed 02/01/2007                                                                                             |                            |                                   |                                                     |                                                                                     |                      |
| <h3><u>Registered Agent Name &amp; Address</u></h3>                                                            |                            |                                   |                                                     |                                                                                     |                      |
| KUCZYNSKI, PEDRO-PABLO<br>2665 SOUTH BAYSHORE DRIVE, SUITE 715<br>GRAND BAY PLAZA<br>COCONUT GROVE FL 33133 US |                            |                                   |                                                     |                                                                                     |                      |
| Address Changed: 02/01/2007                                                                                    |                            |                                   |                                                     |                                                                                     |                      |
| <h3><u>Manager/Member Detail</u></h3>                                                                          |                            |                                   |                                                     |                                                                                     |                      |
| <b>Name &amp; Address</b>                                                                                      |                            |                                   |                                                     |                                                                                     |                      |
| Title MGRM                                                                                                     |                            |                                   |                                                     |                                                                                     |                      |
| KUCZYNSKI, PEDRO-PABLO<br>2665 SOUTH BAYSHORE DRIVE, SUITE 715<br>COCONUT GROVE FL 33133                       |                            |                                   |                                                     |                                                                                     |                      |
| Title MGR                                                                                                      |                            |                                   |                                                     |                                                                                     |                      |
| ELEJALDE, EDUARDO<br>2665 SOUTH BAYSHORE DRIVE, SUITE 715<br>COCONUT GROVE FL 33133                            |                            |                                   |                                                     |                                                                                     |                      |
| Title MGR                                                                                                      |                            |                                   |                                                     |                                                                                     |                      |
| MONTERO, FERNANDO<br>2665 SOUTH BAYSHORE DRIVE, SUITE 715<br>COCONUT GROVE FL 33133                            |                            |                                   |                                                     |                                                                                     |                      |



Title MGR

SEPULVEDA, GERARDO  
2665 SOUTH BAYSHORE DRIVE, SUITE 715  
COCONUT GROVE FL 33133

## Annual Reports

### Report Year Filed Date

|      |            |
|------|------------|
| 2006 | 01/06/2006 |
| 2007 | 02/01/2007 |
| 2008 | 04/16/2008 |

## Document Images

|                                                             |                                          |
|-------------------------------------------------------------|------------------------------------------|
| <a href="#">04/16/2008 -- ANNUAL REPORT</a>                 | <a href="#">View image in PDF format</a> |
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