FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (2)841114 BANCO REAL S.A. Principal Place of Business Mailing Address 2 S. BISCAYNE BLVD. AVE. PAULISTA, 1374 BOX 5766 DO NOT WRITE IN THIS SPACE SAO PAULO, SP BRAZIL 01310 MIAM! FL 33131 US 3. Date Incorporated or Qualified <u>07/24/1978</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 13-1869193 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Zip ŽΦ Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AQUINO, SYLVIA A ASST M. **ONE BISCAYNE TOWER** 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1870** 83 **MIAMI FL 33131** 84 City 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 registred 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 a great the obligations of, Section 605 YEVEN INGIA State less. ASST, MANAGER SIGNATURE (NOTL: Registered Agent signature required when reinstating) 12. LICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 DITE TITLE FARIA, ALOYSIO D A NAME 1.2 NAME **AVENIDA PAULISTA 1374** STREET ADDRESS 1.3 STREET ADDRESS SAO PAULO, BRAZIL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 21 TITLE TITLE NAME RIBEIRO, PAULO G 2.2 NAME STREET ADDRESS **AVENIDA PAULISTA 1374** 2.3 STREET ADDRESS SAO PAULO, BRAZIL CITY-ST-ZIP 2 4 CITY-ST-7(P DELFTE Addition 3.1 TITLE Change TITLE FERREIRA, CARLOS A 3.2 NAME NAME **AVENIDA PAULISTA 1374** 3.3 STREET ADDRESS STREET ADDRESS SAO PAULO, BRAZIL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE ROCHA, CACILDO I NAME 4. 2 NAME AV PAULISTA, 1374 STREET ADDRESS 4.3 STREET ADDRESS SAO PAULO BR 4.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE ☐ Change Addition TITLE 5.1 TITLE ADUAN, RENE NAME 5.2 NAME **AVENIDA PAULISTA 1374** STREET ADDRESS 5.3 STREET ADDRESS SAO PAULO, BRAZIL CITY-ST-ZIP 5.4 CITY-ST-ZIP

DELETE

6.1 TATLE

6.2 NAME

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated on this ennual report or supplemental embed report is true and acceptate 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 of the doctory it trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an affair trustee with an address

I. Cunha

6.3 STREET ADDRESS

SIGNATURE:

CUNHA, SEBASTIAO G T

AVENIDA PAULISTA 1374

SAO PAULO, BRAZIL

Block 12 or Block 13 if changed, o

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MUNARY 14

Change

■ Addition