FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 27 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **851586** **(8)**

1. Corporation Name
BANCO ATLANTICO, S.A.

Principal Place of Business	Mailing Address
% RAUL J. VALDES-FAULI, ESQ. 2 S. BISCAYNE BLVD., #3400 MIAMI FL 33131-1697	% RAUL J. VALDES-FAULI, ESQ. 2 S. BISCAYNE BLVD., #3400 MIAMI FL 33131-1697

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1982
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 13-2902678 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
7. This corporation has activity to be eligible for under S. 193.052, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES INC
2 S. BISCAYNE BLVD.
3400 ONE BISCAYNE TOWER
MIAMI FL 33131

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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	PCE	11 TITLE	PCE	☒ Change ☐ Addition
NAME	SAUDI, ABDULLA A.	12 NAME	ABDULLATIF, AHMED	
STREET ADDRESS	GRAN VIA NO. 48	13 STREET ADDRESS	GRAN VIA NO. 48	
CITY ST ZIP	MADRID, SPAIN	14 CITY ST ZIP	MADRID, SPAIN	
TITLE	V	21 TITLE	V	☒ Change ☐ Addition
NAME	LUZON LOPEZ, FRANCISCO	22 NAME	PORTELA ALVAREZ, MARCIAL	
STREET ADDRESS	GRAN VIA NO. 48	23 STREET ADDRESS	GRAN VIA NO. 48	
CITY ST ZIP	MADRID, SPAIN	24 CITY ST ZIP	MADRID, SPAIN	
TITLE	VPS	31 TITLE		☐ Change ☐ Addition
NAME	FABREGAT, RUBEN	32 NAME		
STREET ADDRESS	2 S. BISCAYNE BLVD #3400	33 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	FERNANDEZ, OLIMPIO	42 NAME		
STREET ADDRESS	GRAN VIA NO 48	43 STREET ADDRESS		
CITY ST ZIP	MADRID SP	44 CITY ST ZIP		
TITLE	VP	51 TITLE		☐ Change ☐ Addition
NAME	SANTAMARINA, FRANK	52 NAME		
STREET ADDRESS	2 S. BISCAYNE BLVD.	53 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	HERNANDEZ FONT, JOSE M	62 NAME		
STREET ADDRESS	2 S BISCAYNE BLVD #3400	63 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	64 CITY ST ZIP		

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)(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, added or deleted.

SIGNATURE: _____ 4/17/95 (305)374-7515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number
RUBEN FABREGAT - SVP

0120340 CP