

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **851586** (8)

1. Corporation Name
BANCO ATLANTICO, S.A.



Principal Place of Business: **% RAUL J. VALDES-FAULI, ESQ. 2 S. BISCAYNE BLVD., #3400 MIAMI FL 33131-1897**
Mailing Address: **% RAUL J. VALDES-FAULI, ESQ. 2 S. BISCAYNE BLVD., #3400 MIAMI FL 33131-1897**

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

3. Date Incorporated or Organized: **01/07/1982** 3a. Date of Last Report: **04/27/1995**
4. FEI Number: **13-2902678** 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

10. Name and Address of New Registered Agent

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

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

11. Pursuant to the provisions of Sections 607.0607 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 607.0605, Florida Statutes.

SIGNATURE

Print Name of Registered Agent: _____ Date: _____
Print Name of Registered Agent: _____ Date: _____

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p>12.1 NAME: PCE ABDULLATIF, AHMED 12.2 STREET ADDRESS: GRAN VIA NO. 48 MADRID, SPAIN 12.3 CITY-STATE-ZIP: _____ 12.4 TITLE: V <input checked="" type="checkbox"/> DELETE 12.5 NAME: PORTELA ALVAREZ, MARCIA 12.6 STREET ADDRESS: GRAN VIA NO. 48 MADRID, SPAIN 12.7 CITY-STATE-ZIP: _____ 12.8 TITLE: VPS <input type="checkbox"/> DELETE 12.9 NAME: FABREGAT, RUBEN 12.10 STREET ADDRESS: 2 S. BISCAYNE BLVD #3400 MIAMI FL 12.11 CITY-STATE-ZIP: _____ 12.12 TITLE: D <input type="checkbox"/> DELETE 12.13 NAME: FERNANDEZ, OLIMPIO 12.14 STREET ADDRESS: GRAN VIA NO 48 MADRID SP 12.15 CITY-STATE-ZIP: _____ 12.16 TITLE: VP <input type="checkbox"/> DELETE 12.17 NAME: SANTAMARINA, FRANK 12.18 STREET ADDRESS: 2 S. BISCAYNE BLVD. MIAMI FL 12.19 CITY-STATE-ZIP: _____ 12.20 TITLE: D <input type="checkbox"/> DELETE 12.21 NAME: HERNANDEZ FONT, JOSE M 12.22 STREET ADDRESS: 2 S BISCAYNE BLVD #3400 MIAMI FL 12.23 CITY-STATE-ZIP: _____</p>	<p>13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME: _____ 13.3 STREET ADDRESS: _____ 13.4 CITY-STATE-ZIP: _____ 13.5 TITLE: V. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME: SANCHEZ PEDREÑO, ANTONIO 13.7 STREET ADDRESS: GRAN VIA NO. 48 MADRID, SPAIN 13.8 CITY-STATE-ZIP: _____ 13.9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME: _____ 13.11 STREET ADDRESS: _____ 13.12 CITY-STATE-ZIP: _____ 13.13 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME: _____ 13.15 STREET ADDRESS: _____ 13.16 CITY-STATE-ZIP: _____ 13.17 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.18 NAME: _____ 13.19 STREET ADDRESS: _____ 13.20 CITY-STATE-ZIP: _____ 13.21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.22 NAME: _____ 13.23 STREET ADDRESS: _____ 13.24 CITY-STATE-ZIP: _____</p>

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 even after it has been deleted.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RUBEN FABREGAT, S.V.P.

03.08.96 (305) 374-7515

CR2E034 (12/95)