

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

**FILED**  
**Apr 02 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 # 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 33131-1897**

**% RAUL J. VALDES-FAULI. ESQ.**  
**2 S. BISCAYNE BLVD.. #3400**  
**MIAMI FL 33131-1897**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 **Banco Atlantico** 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **801 Brickell Avenue 8th Floor** 27

City & State City & State

23 **Miami, Florida** 28

Zip Country Zip Country

24 **33131** 25 **Dade** 29 30

3. Date Incorporated or Qualified  
**01/07/1982**

4. FEI Number Applied For  
**13-2902678** 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

**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 **FL** 85 Zip Code

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PCE</b>	<input type="checkbox"/> DELETE
NAME	<b>ABDULLATIF, AHMED</b>	
STREET ADDRESS	<b>GRAN VIA NO. 48</b>	
CITY-ST-ZIP	<b>MADRID, SPAIN</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>SANCHEZ PEDRENO, ANTONIO</b>	
STREET ADDRESS	<b>GRAN VIA NO. 48</b>	
CITY-ST-ZIP	<b>MADRID, SPAIN</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTINEZ, EMILIO</b>	
STREET ADDRESS	<b>2 S. BISCAYNE BLVD #3400</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FERNANDEZ, OLIMPIO</b>	
STREET ADDRESS	<b>GRAN VIA NO 48</b>	
CITY-ST-ZIP	<b>MADRID SP</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del><b>GANTAMARINA, FRANK</b></del>	
STREET ADDRESS	<b>2 S. BISCAYNE BLVD.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HERNANDEZ FONT, JOSE M</b>	
STREET ADDRESS	<b>2 S BISCAYNE BLVD #3400</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>VP</b>
5.3 STREET ADDRESS	<b>Felipe Valbuena</b>
5.4 CITY-ST-ZIP	<b>2 S. Biscayne Blvd.</b>
	<b>Miami, FL 33131</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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]* **FELIPE VALBUENA** 3/30/98 (305) 376-6023

CR2E034 (10/97)