

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F00000006256 1. Entity Name BANCO POPULAR NORTH AMERICA CORP.	
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FILED
06 OCT 18 PM 12:37

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7 WEST 51 STREET NEW YORK, NY 10019	Mailing Address 7 WEST 51 STREET NEW YORK, NY 10019
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2. Principal Place of Business 120 Broadway <small>Suite, Apt. #, etc.</small> 16th Floor	3. Mailing Address 120 Broadway <small>Suite, Apt. #, etc.</small> 16th Floor
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10062006 REIN-P CR2E098 (11/05) **06**

City & State New York, New York	City & State New York, New York		
<small>Zip</small> 10271	<small>Country</small> USA	<small>Zip</small> 10271	<small>Country</small> USA

4. FEI Number 52-2126008	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCALL, MERCEDES F
8325 COMMODITY CIRCLE
ORLANDO, FL 32819

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 *Mercedes F. McCall* SVP Mercedes F. McCall **10/13/2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	SVPR CAULA, ANTONIO V 7500 SW 8TH STREET MIAMI, FL 33144 <input checked="" type="checkbox"/> Delete
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	SVPD DORAN, BRIAN F ESQ. 120 BROADWAY, 15TH FL NEW YORK, NY 10271 <input type="checkbox"/> Delete
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500080965915 10/18/06--01055--001 **750.75
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brian F. Doran, Esq. *Brian F. Doran* **10/06/06** (202) 47-1668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #