

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000003113

1. Corporation Name
BANCO BANDEIRANTES, S.A.

Principal Place of Business	Mailing Address
Rua Boa Vista, 162 Sao Paulo S.P. 01014, Brazil	Rua Boa Vista, 162 Sao Paulo S.P. 01014, Brazil

3. Date Incorporated or Qualified: 6/27/95
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21 2 S. Biscayne Blvd. Suite, Apt. #, etc.	26 2 S. Biscayne Blvd. Suite, Apt. #, etc.
22 Ste. 2680 City & State	27 Ste. 2680 City & State
23 Miami, FL Zip	28 Miami, FL Zip
24 33131 Country	29 33131 Country
25 USA	30 USA

4. FEI Number: 13-3122045
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
Vasquez-Bello, Clemente L. 2 So. Biscayne Blvd., Ste. 3400 Miami, FL 33131	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1. TITLE	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	De Andrade Faria, Gilberto	12. NAME	Martins, Antonio
STREET ADDRESS	Rua Boa Vista, 162	13. STREET ADDRESS	2 S. Biscayne Blvd., Ste. 2680
CITY-ST-ZIP	Sao Paulo, S.P. 01014, Brazil	14. CITY-ST-ZIP	Miami, FL 33131
TITLE	DCEO <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Machado, Geraldo	22. NAME	
STREET ADDRESS	Rua Boa Vista, 162	23. STREET ADDRESS	
CITY-ST-ZIP	Sao Paulo, S.P. 01014, Brazil	24. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Forbes, Charles A.	32. NAME	
STREET ADDRESS	Rua Boa Vista, 162	33. STREET ADDRESS	
CITY-ST-ZIP	Sao Paulo, S.P. 01014, Brazil	34. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bartels, Ricardo J.	42. NAME	
STREET ADDRESS	Rua Boa Vista, 162	43. STREET ADDRESS	
CITY-ST-ZIP	Sao Paulo, S.P. 01014, Brazil	44. CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pereira, Newton G.	52. NAME	500001851845
STREET ADDRESS	Rua Boa Vista, 162	53. STREET ADDRESS	-06/05/96--01062--014
CITY-ST-ZIP	Sao Paulo, S.P. 01014, Brazil	54. CITY-ST-ZIP	***225.00
TITLE	T <input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carvalho Gomes, Manoel C.	62. NAME	
STREET ADDRESS	Rua Boa Vista, 162	63. STREET ADDRESS	
CITY-ST-ZIP	Sao Paulo, Brazil	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)(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, changed, or on an attachment with an address.

SIGNATURE: _____ Antonio Martins #052896 (305) 577 0035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25074 (12/94)