

**2000 UNIFORM BUSINESS REPORT (UBR)**

1/2

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90037 008 \*\*\*150.00

**DOCUMENT # F99000002337**

1. Entity Name  
**BANCO DE CREDITO E INVERSIONES, S.A.**

Principal Place of Business      Mailing Address  
**701 BRICKELL AVE., SUITE 1450**      **701 BRICKELL AVE., SUITE 1450**  
**MIAMI FL 33131**      **MIAMI FL 33131-2800**

2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

**522166160**  
**APPLIED FOR**

Applied For  
 Not Applicable

4. FEI Number  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION**  
**701 BRICKELL AVE., SUITE 3000**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Fernando A. Capablanca, Agent**  
 Street Address **701 Brickell Avenue, Suite 1450**  
**MIAMI**  
 City **Florida**      FL      Zip Code **33131**

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.

SIGNATURE: *[Signature]*      DATE: **1/12/2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REY, LUIS ENRIQUE 701 BRICKELL AVE., SUITE 1450 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Yarur, Luis E. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NUNEZ, MODESTO C 701 BRICKELL AVE., SUITE 1450 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Collados, Modesto <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM LEYTON, LIONEL O 701 BRICKELL AVE., SUITE 1450 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Olavarria, Lionel <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AGM JARA, HUMBERTO B 701 BRICKELL AVE., SUITE 1450 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bejares, Humberto <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM CAPABLANCA, FERNANDO 701 BRICKELL AVE., SUITE 1450 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Capablanca, Fernando <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRENDEZ, JUAN MANUEL C 701 BRICKELL AVE., SUITE 1450 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Casanueva, Juan M. <input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*      General Manager & Agent      DATE: **1/12/2000**      Daytime Phone #: **(305) 347-3330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR