

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

FILED
Jul 25 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P11050 (2)
 1. Corporation Name
BANCO PORTUGUES DO ATLANTICO, S.A. INC.



| | |
|---|--|
| Principal Place of Business MIAMI AGENCY 201 S. BISCAYNE BLVD., 19TH FL. MIAMI FL 33131 | Mailing Address MIAMI AGENCY 201 S. BISCAYNE BLVD., 19TH FL. MIAMI FL 33131-4325 |
|---|--|

| | |
|---|--|
| 3. Date Incorporated or Qualified 08/06/1986 | 3a. Date of Last Report 04/11/1996 |
| 4. FEI Number 13-2947767 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

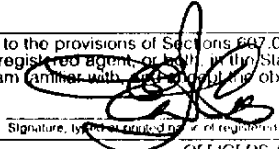
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|--------------------------------|-----------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc | 26 Suite, Apt. #, etc |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent
**VIGGIANO, JOHN F
 C O BCO PORTUGUES DO ATLANTICO
 201 S BISCAYNE BLVD SUITE1900
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name Edward DeCaso |
| 82 Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd |
| 83 Suite Suite 1900 |
| 84 City Miami |
| 85 Zip Code FL 33131 |

11. Pursuant to the provisions of Sections 607.0507 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:  **Senior Vice President & General Manager**
 Signature, by the corporation or its registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | V | DELETE <input checked="" type="checkbox"/> |
| NAME | VIGGIANO, JOHN F | |
| STREET ADDRESS | 30 POPLAR AVE | |
| CITY-ST-ZIP | ONADELL NJ 07649 | |
| TITLE | V | DELETE <input checked="" type="checkbox"/> |
| NAME | TANTILLO, MARIO A | |
| STREET ADDRESS | 435 NORTH AVENUE | |
| CITY-ST-ZIP | WOODRIDGE NJ | |
| TITLE | V | DELETE <input type="checkbox"/> |
| NAME | PEDRO, BELO J | |
| STREET ADDRESS | 2 WALL ST. | |
| CITY-ST-ZIP | NEW YORK NY 10005 | |
| TITLE | D | DELETE <input type="checkbox"/> |
| NAME | GONCALVES, JORGE M | |
| STREET ADDRESS | PRACA D. JOAO I | |
| CITY-ST-ZIP | OPORTO PORTUGAL | |
| TITLE | D | DELETE <input type="checkbox"/> |
| NAME | MONTEIRO, PEDRO L | |
| STREET ADDRESS | PRACA D. JOAO I | |
| CITY-ST-ZIP | OPORTO PORTUGAL | |
| TITLE | | DELETE <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--|--|
| 1.1 TITLE | Senior Vice President & General Manager | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| 1.2 NAME | Edward DeCaso | |
| 1.3 STREET ADDRESS | 411 SW 10 ST | |
| 1.4 CITY-ST-ZIP | Pt. Lauderdale FL 33315 | |
| 2.1 TITLE | | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do 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 its 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:  **Edward DeCaso**

CR2E034 (9/96)