

FILE COPY - FLORIDA REGISTER MAY 18 1995

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY - 1 AM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P13885 (9)

1. Corporation Name
BANCO DEL PICHINCHA C.A.

Principal Place of Business: **CASA MATRIZ AVENIDA 10 DE AGOSTO Y BOGOTA QUITO, ECUADOR**
Mailing Address: **801 BRICKELL AVE. SUITE 1250 MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/02/1987**
3a. Date of Last Report: **07/22/1994**
4. FEI Number: **59-2752883**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
3. Suite, Apt. # etc.: **22**
3a. Suite, Apt. # etc.: **27**
4. City & State: **23**
4a. City & State: **28**
5. Zip: **24** Country: **25**
5a. Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**VALDES-FAULI CORPORATE SERVICES INC.
2 S. BISCAYNE BLVD.
SUITE 3400
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name: **Corporation Company of Miami**
82 Street Address (P.O. Box Number is Not Acceptable): **201 South Biscayne Boulevard**
83 **1500 Miami Center**
84 City: **Miami** FL 85 Zip Code: **33131**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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 the **CORPORATION COMPANY OF MIAMI** Statutes.

SIGNATURE BY: *Juan Salinas* Assistant Secretary April 27, 1995

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | D | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RUBIANES, PEDRO PINTO | 11 NAME | Orellana, Luis Enrique |
| STREET ADDRESS | AVENIDA 10 DE AGOSTO Y BOGOTA, CASA MATRIZ | 11 STREET ADDRESS | Avenida 10 de Agosto y Bogota, Casa Matriz |
| CITY, ST, ZIP | QUITO, ECUADOR | 11 CITY, ST, ZIP | Quito, Ecuador |
| TITLE | D | 21 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SALAZAR, JUAN F | 21 NAME | Martinez, Carlos Ponce |
| STREET ADDRESS | AVENIDA 10 DE AGOSTO Y BOGOTA, CASA MATRIZ | 21 STREET ADDRESS | Avenida 10 de Agosto y Bogota, Casa Matriz |
| CITY, ST, ZIP | QUITO, ECUADOR | 21 CITY, ST, ZIP | Quito, Ecuador |
| TITLE | D | 31 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ESPINOSA, PATRICIO PINTO | 31 NAME | Gomez, Ernesto Alban |
| STREET ADDRESS | AVENIDA 10 DE AGOSTO Y BOGOTA, CASA MATRIZ | 31 STREET ADDRESS | Avenida 10 de Agosto y Bogota, Casa Matriz |
| CITY, ST, ZIP | QUITO, ECUADOR | 31 CITY, ST, ZIP | Quito, Ecuador |
| TITLE | V | 41 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ACOSTA, EVAN | 41 NAME | Espinosa, Andres Perez |
| STREET ADDRESS | 801 BRICKELL AVE. | 41 STREET ADDRESS | Avenida 10 de Agosto y Bogota, Casa Matriz |
| CITY, ST, ZIP | MIAMI FL 33131 | 41 CITY, ST, ZIP | Quito, Ecuador |
| TITLE | P | 51 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GRIJALVA, FIDEL E | 51 NAME | Scott, Walter C. |
| STREET ADDRESS | AVENIDA 10 DE AGOSTO Y BOGOTA | 51 STREET ADDRESS | 801 Brickell Avenue, Suite 1250 |
| CITY, ST, ZIP | QUITO, ECUADOR | 51 CITY, ST, ZIP | Miami, Florida 33131 |
| TITLE | V | 61 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | AVALOS, WILSON G | 61 NAME | Jimenez, M. Pilar |
| STREET ADDRESS | AVENIDA 10 DE AGOSTO Y BOGOTA | 61 STREET ADDRESS | 801 Brickell Avenue, Suite 1250 |
| CITY, ST, ZIP | QUITO, ECUADOR | 61 CITY, ST, ZIP | Miami, Florida 33131 |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 115.027, b(5), Florida Statutes. I further certify that the information included on this annual report or supplemental affidavit 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 of this report or as an attachment with an address.

SIGNATURE: *Walter C. Scott* 4/27/95 (Gns) 372-3601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR