

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

Pg 1 of 2

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 04/02/1987	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2752883	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**CORPORATION COMPANY OF MIAMI
 201 SOUTH BISCAYNE BLVD
 1500 MIAMI CENTER
 MIAMI FL 33131**

10. Name and Address of New Registered Agent
 81 Name
FRANCISCO PAYAN
 82 Street Address (P.O. Box Number is Not Acceptable)
c/o BANCO DEL PICHINCHA C.A. - MIAMI AGENCY
 83
801 BRICKELL AVENUE, SUITE 1250
 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 this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change is 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 607.0502, Florida Statutes.

SIGNATURE: *Francisco Payan* **FRANCISCO PAYAN**
VICE PRESIDENT
AND DEPUTY MANAGER 4-26-96
 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPELLANA, LUIS ENRIQUE	1.2 NAME	
STREET ADDRESS	AVENIDA 10 DE AGOSTO Y BOGOTA	1.3 STREET ADDRESS	
CITY-ST-ZIP	QUITO, ECUADOR	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, CARLOS PONCE	2.2 NAME	PONCE MARTINEZ, CARLOS
STREET ADDRESS	AVENIDA 10 DE AGOSTO Y BOGOTA, CASA MATRIZ	2.3 STREET ADDRESS	
CITY-ST-ZIP	QUITO, ECUADOR	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, ERNESTO ALBAN	3.2 NAME	ALBAN GOMEZ, ERNESTO
STREET ADDRESS	AVENIDA 10 DE AGOSTO Y BOGOTA, CASA MATRIZ	3.3 STREET ADDRESS	
CITY-ST-ZIP	QUITO, ECUADOR	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPINOSA, ANDRES PEREZ	4.2 NAME	PEREZ ESPINOSA, ANDRES
STREET ADDRESS	801 BRICKELL AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, WLATER C.	5.2 NAME	
STREET ADDRESS	801 BRICKELL AVENUE SUITE 1250	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMENEZ, M. PILAR	6.2 NAME	
STREET ADDRESS	801 BRICKELL AVENUE SUITE 1250	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 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 if changed, or on an attachment with an address.

SIGNATURE: *Evan Rosta* **Evan Rosta** 4-26-96 305-372-3601
 DATE PHONE NO.

CR2E034 (12/95)

OFFICERS & DIRECTORS - ATTACHMENT

TITLE: D
NAME: EGAS GRIJALVA, FIDEL
STREET ADDRESS: AVENIDA 10 DE AGOSTO Y BOGOTA
CITY-ST-ZIP: QUITO, ECUADOR

TITLE: D
NAME: GRANJA AVALOS, WILSON
STREET ADDRESS: AVENIDA 10 DE AGOSTO Y BOGOTA
CITY-ST-ZIP: QUITO, ECUADOR

TITLE: D
NAME: PINTO RUBIANES, PABLO
STREET ADDRESS: AVENIDA 10 DE AGOSTO Y BOGOTA
CITY-ST-ZIP: QUITO, ECUADOR

TITLE: D
NAME: FERNANDO SALAZAR, JUAN
STREET ADDRESS: AVENIDA 10 DE AGOSTO Y BOGOTA
CITY-ST-ZIP: QUITO, ECUADOR

TITLE: D
NAME: PINTO ESPINOSA, PATRICIO
STREET ADDRESS: AVENIDA 10 DE AGOSTO Y BOGOTA
CITY-ST-ZIP: QUITO, ECUADOR

TITLE: D
NAME: ESTEBAN BORJA, JUAN
STREET ADDRESS: AVENIDA 10 DE AGOSTO Y BOGOTA
CITY-ST-ZIP: QUITO, ECUADOR

TITLE: V
NAME: ACOSTA, EVAN
STREET ADDRESS: 801 BRICKELL AVENUE, SUITE 1250
CITY-ST-ZIP: MIAMI, FLORIDA 33131

TITLE: V
NAME: PAYAN, FRANCISCO
STREET ADDRESS: 801 BRICKELL AVENUE, SUITE 1250
CITY-ST-ZIP: MIAMI, FLORIDA 33131

TITLE: V
NAME: FONTES, GLADYS
STREET ADDRESS: 801 BRICKELL AVENUE, SUITE 1250
CITY-ST-ZIP: MIAMI, FLORIDA 33131