

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

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P13885 (9)
 1. Corporation Name
BANCO DEL PICHINCHA C.A.



Principal Place of Business Mailing Address
CASA MATRIZ 801 BRICKELL AVE.
AVENIDA 10 DE AGOSTO Y BOGOTA SUITE 1250
QUITO, ECUADOR MIAMI FL 33131-4945

3. Date Incorporated or Qualified **04/02/1987** 3a. Date of Last Report **05/01/1996**
 4. FEI Number **59-2752883** 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

2. Principal Place of Business 2a. Mailing Address
 21 **CASA MATRIZ** 26 Suite, Apt. #, etc.
 22 **AV. AMAZONAS 4560 E IÑAQUITO** 27 City & State
 23 **QUITO** 28 City & State
 24 Zip Country 25 **ECUADOR** 29 Zip Country 30

9. Name and Address of Current Registered Agent
PAYAN, FRANCISCO
C/O BANCO DEL PICHINCHA CA MIAMI AGENCY
801 BRICKELL AVE SUITE 1250
MIAMI FL 33131

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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 *[Signature]* DATE **4/25/97**
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PONCE MARTINEZ, CARLOS
STREET ADDRESS	AVENIDA 10 DE AGOSTO Y BOGOTA, CASA MATRIZ
CITY - ST - ZIP	QUITO, ECUADOR
TITLE	D <input type="checkbox"/> DELETE
NAME	ALBAN GOMES, ERNESTO
STREET ADDRESS	AVENIDA 10 DE AGOSTO Y BOGOTA, CASA MATRIZ
CITY - ST - ZIP	QUITO, ECUADOR
TITLE	D <input type="checkbox"/> DELETE
NAME	PEREZ ESPINOSA, ANDRES
STREET ADDRESS	801 BRICKELL AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	JIMENEZ, M. PILAR
STREET ADDRESS	801 BRICKELL AVENUE SUITE 1250
CITY - ST - ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	SEE ATTACHED LIST
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	AV. AMAZONAS 4560 E IÑAQUITO
2.4 CITY - ST - ZIP	QUITO, ECUADOR
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	AV. AMAZONAS 4560 E IÑAQUITO
3.4 CITY - ST - ZIP	QUITO, ECUADOR
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *[Signature]* DATE: **4/25/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **0170333**

CP2E034 (9/96)

ADDITIONAL OFFICERS & DIRECTORS - ATTACHMENT

TITLE: D
NAME: EGAS GRIJALVA, FIDEL
STREET ADDRESS: AV. AMAZONAS 4560 E IÑAQUITO
CITY-ST-ZIP: QUITO, ECUADOR

TITLE: D
NAME: GRANJA AVALOS, WILSON
STREET ADDRESS: AV. AMAZONAS 4560 E IÑAQUITO
CITY-ST-ZIP: QUITO, ECUADOR

TITLE: D
NAME: PINTO RUBIANES, PABLO
STREET ADDRESS: AV. AMAZONAS 4560 E IÑAQUITO
CITY-ST-ZIP: QUITO, ECUADOR

TITLE: D
NAME: SALAZAR EGAS, JUAN FERNANDO
STREET ADDRESS: AV. AMAZONAS 4560 E IÑAQUITO
CITY-ST-ZIP: QUITO, ECUADOR

TITLE: D
NAME: PINTO ESPINOZA, PATRICIO
STREET ADDRESS: AV. AMAZONAS 4560 E IÑAQUITO
CITY-ST-ZIP: QUITO, ECUADOR

TITLE: D
NAME: BORJA MALDONADO, JUAN ESTEBAN
STREET ADDRESS: AV. AMAZONAS 4560 E IÑAQUITO
CITY-ST-ZIP: QUITO, ECUADOR

TITLE: V
NAME: ACOSTA, EVAN
STREET ADDRESS: 801 BRICKELL AVENUE, 12TH FLOOR
CITY-ST-ZIP: MIAMI, FLORIDA 33131

TITLE: V
NAME: PAYAN, FRANCISCO
STREET ADDRESS: 801 BRICKELL AVENUE, 12TH FLOOR
CITY-ST-ZIP: MIAMI, FLORIDA 33131

TITLE: V
NAME: FONTES, GLADYS
STREET ADDRESS: 801 BRICKELL AVENUE, 12TH FLOOR
CITY-ST-ZIP: MIAMI, FLORIDA 33131

TITLE: V
NAME: QUIÑONES, LUIS
STREET ADDRESS: 801 BRICKELL AVENUE, 12TH FLOOR
CITY-ST-ZIP: MIAMI, FLORIDA 33131