

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

**FILED**

**Apr 20 1998 8:00am  
Secretary of State**

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION<br/>ANNUAL REPORT<br/>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

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



|   |   |
|---|---|
| Principal Place of Business<br><b>CASA MATRIZ<br/>4560 E INAQUITO<br/>QUITO, ECUADOR<br/>US</b> | Mailing Address<br><b>601 BRICKELL AVE.<br/>SUITE 1250<br/>MIAMI FL 33131</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|  |                            |
|--|----------------------------|
| <b>21</b> 2. Principal Place of Business<br><b>CASA MATRIZ</b> | <b>2a.</b> Mailing Address |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.        |
| <b>22</b> <b>AV. AMAZONAS 4560 E INAQUITO</b>                  |                            |
| City & State   | City & State               |
| <b>23</b> <b>QUITO</b>   |                            |
| Zip  | Country                    |
| <b>24</b>  | <b>25</b> <b>ECUADOR</b>   |

|   |  |
|---|--|
| <b>3.</b> Date Incorporated or Qualified<br><b>04/02/1987</b>   |  |
| <b>4.</b> FEI Number<br><b>59-2752883</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5.</b> Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| <b>6.</b> Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| <b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

**9. Name and Address of Current Registered Agent**

**PAYAN, FRANCISCO  
C/O BANCO DEL PICHINCHA CA MIAMI AGENCY  
601 BRICKELL AVE SUITE 1250  
MIAMI FL 33131**

**10. Name and Address of New Registered Agent**

|  |
|--|
| <b>81</b> Name   |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |
| <b>83</b>  |
| <b>84</b> City   |
| <b>85</b> 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: **4/15/98**

| 12. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE             |
| NAME                       | <b>PONCE MARTINEZ, CARLOS</b>                                   |
| STREET ADDRESS             | <b>AVENIDA 10 DE AGOSTO Y BOGOTA, CASA MATRIZ</b>               |
| CITY-ST-ZIP                | <b>QUITO, ECUADOR</b>   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE                        |
| NAME                       | <b>ALBAN GOMES, ERNESTO</b>                                     |
| STREET ADDRESS             | <b>AV AMAZONAS 46540 E INAQUITO</b>                             |
| CITY-ST-ZIP                | <b>QUITO EC</b>   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE                        |
| NAME                       | <b>PEREZ ESPINOSA, ANDRES</b>                                   |
| STREET ADDRESS             | <b>AV AMAZONAS 4560 E INAQUITO</b>                              |
| CITY-ST-ZIP                | <b>QUITO EC</b>   |
| TITLE                      | <input type="checkbox"/> DELETE                                 |
| NAME                       | <b>SEE ATTACHED FOR COMPLETE LIST OF DIRECTORS AND OFFICERS</b> |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY-ST-ZIP                                       |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY-ST-ZIP                                       |   |
| 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  | <b>300002494238</b>   |
| 5.3 STREET ADDRESS                                    | <b>-04/21/98--01003--001</b>                                      |
| 5.4 CITY-ST-ZIP                                       | <b>***150.00</b>  |
| 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 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: **4/16/98**

CR2E034 (10/97)

**BANCO DEL PICHINCHA C.A.  
MIAMI AGENCY**

**DIRECTORS AND OFFICERS**

**as of December 31, 1997**

**BOARD OF DIRECTORS:**

**President:**

FIDEL EGAS GRIJALVA

**Vice President:**

WILSON GRANJA AVALOS

**Principal Directors:**

ERNESTO ALBAN GOMEZ  
JUAN ESTEBAN BORJA  
JUAN MANUEL CRESPO  
ANDRES PEREZ ESPINOSA  
PATRICIO PINTO ESPINOSA  
PEDRO PINTO ESPINOSA

**OFFICERS:**

EVAN ACOSTA, VICE PRESIDENT & MANAGER  
FRANCISCO PAYAN, VICE PRESIDENT & DEPUTY MANAGER  
GLADYS FONTES, VICE PRESIDENT, PRIVATE BANKING