

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90041 041 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P13885**

1. Corporation Name  
**BANCO DEL PICHINCHA C.A.**



Principal Place of Business  
**CASA MATRIZ  
 AV. AMAZONAS 4560 E INAQUITO  
 QUITO, ECUADOR  
 US**

Mailing Address  
**801 BRICKELL AVE.  
 SUITE 1250  
 MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

3. Date Incorporated or Qualified  
**04/02/1987**

4. FEI Number  
**59-2752883**

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 owes the current year Intangible Personal Property Tax  Yes  No

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  
**Valdes-Fauli Corporate Services, Inc.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2 S. Biscayne Blvd.**  
 83 Suite 3400  
 84 City  
**Miami**  
 85 Zip Code  
**FL 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 was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the statutes that govern the corporation and the Florida Statutes.

SIGNATURE *Mark J. Scheer* **Mark J. Scheer, Vice President** **April 29, 1999**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 48540 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	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>EGAS GRIJALVA, FIDEL</b>
STREET ADDRESS	<b>AV. AMAZONAS 4560 E IÑAQUITO</b>
CITY-ST-ZIP	<b>QUITO, ECUADOR</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GRANJA AVALOS, WILSON</b>
STREET ADDRESS	<b>AV. AMAZONAS 4560 E IÑAQUITO</b>
CITY-ST-ZIP	<b>QUITO, ECUADOR</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SALAZAR EGAS, PABLO</b>
STREET ADDRESS	<b>AV. AMAZONAS E IÑAQUITO</b>
CITY-ST-ZIP	<b>QUITO, ECUADOR</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>PINTO ESPINOSA, PATRICIO</b>
13 STREET ADDRESS	<b>AV. AMAZONAS 4560 E IÑAQUITO</b>
14 CITY-ST-ZIP	<b>QUITO, ECUADOR</b>
21 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>CRESPO CARRION, JUAN MANUEL</b>
23 STREET ADDRESS	<b>AV. AMAZONAS 4560 E IÑAQUITO</b>
24 CITY-ST-ZIP	<b>QUITO, ECUADOR</b>
31 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>FALCONI PUIG, MIGUEL</b>
33 STREET ADDRESS	<b>AV. AMAZONAS 4560 E IÑAQUITO</b>
34 CITY-ST-ZIP	<b>QUITO, ECUADOR</b>
41 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>ACOSTA, EVAN</b>
43 STREET ADDRESS	<b>801 BRICKELL AVENUE, SUITE 1250</b>
44 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>
51 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>PAYAN, FRANCISCO</b>
53 STREET ADDRESS	<b>801 BRICKELL AVENUE, SUITE 1250</b>
54 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>
61 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>FONTES, GLADYS</b>
63 STREET ADDRESS	<b>801 BRICKELL AVENUE, SUITE 1250</b>
64 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33131</b>

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, with all other like empowered.

SIGNATURE:

*Mark J. Scheer* **April 29/99 (305) 372-3601**