

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90096 003 ***150.00

DOCUMENT # P13885

1. Entity Name

BANCO DEL PICHINCHA C.A.

R

Principal Place of Business

Mailing Address

**CASA MATRIZ
 AV. AMAZONAS 4560 E INAQUITO
 QUITO, ECUADOR
 US**

**801 BRICKELL AVE.
 SUITE 1250
 MIAMI FL 33131-2978**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2752883

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC
 2 S BISCAYNE BLVD
 STE 3400
 MIAMI FL 33131**

Name

Mr. Francisco Payan

Street Address (P.O. Box Number is Not Acceptable)

801 Brickell Ave. Suite 1250

City

Miami

FL

Zip Code

33131

8. The above named entity submits this statement for the purpose of registering its office or registered agent, or both, in the State of Florida.

SIGNATURE

Francisco Payan

**FRANCISCO PAYAN
 VICE PRESIDENT
 AND DEPUTY MANAGER**

7/20/2000

Signature of the individual named as registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|---|---|
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PINTO-ESPINOSA, PATRICIO | NAME | PINTO ESPINOSA, PATRICIO |
| STREET ADDRESS | AV AMAZONAS 4560 E INAQUITO | STREET ADDRESS | AV. AMAZONAS 4560 E INAQUITO |
| CITY-ST-ZIP | QUITO, ECUADOR | CITY-ST-ZIP | QUITO, ECUADOR |
| TITLE | D <input type="checkbox"/> Delete | TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ALBAN GOMES, ERNESTO | NAME | CRESPO CARRION, JUAN MANUAL |
| STREET ADDRESS | AV AMAZONAS 46540 E INAQUITO | STREET ADDRESS | AV. AMAZONAS 4560 E INAQUITO |
| CITY-ST-ZIP | QUITO EC | CITY-ST-ZIP | QUITO, ECUADOR |
| TITLE | D <input type="checkbox"/> Delete | TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PEREZ ESPINOSA, ANDRES | NAME | FALCONI PUIG, MIGUEL |
| STREET ADDRESS | AV AMAZONAS 4560 E INAQUITO | STREET ADDRESS | AV. AMAZONAS 4560 E INAQUITO |
| CITY-ST-ZIP | QUITO EC | CITY-ST-ZIP | QUITO, ECUADOR |
| TITLE | D <input type="checkbox"/> Delete | TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | EGAS GRIJALVA, FIDEL | NAME | ACOSTA, EVAN |
| STREET ADDRESS | AV. AMAZONAS 4560 E INAQUITO | STREET ADDRESS | 801 BRICKELL AVENUE, SUITE 1250 |
| CITY-ST-ZIP | QUITO, ECUADOR | CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | D <input type="checkbox"/> Delete | TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GRANJA AVALOS, WILSON | NAME | PAYAN, FRANCISCO |
| STREET ADDRESS | AV. AMAZONAS 4560 E INAQUITO | STREET ADDRESS | 801 BRICKELL AVENUE, SUITE 1250 |
| CITY-ST-ZIP | QUITO, ECUADOR | CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | D <input type="checkbox"/> Delete | TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SALAZAR EGAS, PABLO | NAME | FONTES, GLADYS |
| STREET ADDRESS | AV. AMAZONAS 4560 E INAQUITO | STREET ADDRESS | 801 BRICKELL AVENUE, SUITE 1250 |
| CITY-ST-ZIP | QUITO, ECUADOR | CITY-ST-ZIP | MIAMI, FL 33131 |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other titles empowered.

SIGNATURE:

Francisco Payan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/2000

Date

(305) 350-6166

Daytime Phone #

CR2E034 19/99