

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90232 035 ***150.00

CR2E034 (9/01) AV

DOCUMENT # P13885
 1. Entity 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 Suite, Apt. #, etc. | 3. Mailing Address 1111 Brickell Ave. |
| City & State | City & State Miami, FL |
| Zip | Country USA |

| | | |
|--------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|
| 4. FEI Number 59-2752883 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

PAYAN, FRANCISCO
801 BRICKELL AVE
STE 1250
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
SAME REGISTERED AGENT

Street Address (P.O. Box Number is Not Acceptable)
1111 Brickell Ave., 26th Floor

City
Miami **FL** Zip Code **33131**

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

SIGNATURE _____
Signature, typed or printed name of 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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete PINTO-ESPINOSA, PATRICIO AV AMAZONAS 4560 E INAQUITO QUITO, ECUADOR |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete CRESPO PONCE, CLAUDIO AV AMAZONAS 46540 E INAQUITO QUITO EC |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete LASSO MEJIA, CARLOS AV AMAZONAS 4560 E INAQUITO QUITO EC |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete EGAS GRIJALVA, FIDEL AV AMAZONAS 4560 E INAQUITO QUITO EC |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete GRANJA AVALOS, WILSON AV AMAZONAS 4560 E INAQUITO QUITO EC |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete SUAREZ BUCHELI, CARLOS AV AMAZONAS 4560 E INAQUITO QUITO EC |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CALLEJAS RIBADENEIRA, ADOLFO AV AMAZONAS 4560 E INAQUITO QUITO, ECUADOR |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DAVALOS SALAZAR, ERNESTO AV AMAZONAS 4560 E INAQUITO QUITO, ECUADOR |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 like empowered.

SIGNATURE: _____ Date **4/29/02** Daytime Phone # **(305) 350-6162**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)