

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P13885

**FILED**  
**Oct 07, 2014**  
**Secretary of State**

**Entity Name:** BANCO PICHINCHA C.A., INC.

**Current Principal Place of Business:**

BANCO PICHINCHA C.A.  
AV. AMAZONAS 4560 E INAQUITO  
QUITO, ECUADOR, EC

**New Principal Place of Business:**

**Current Mailing Address:**

1111 BRICKELL AVE  
26TH FL  
MIAMI, FL 33131

**New Mailing Address:**

396 ALHAMBRA CIRCLE  
PENTHOUSE 2  
CORAL GABLES, FL 33134

**FEI Number:** 59-2752883

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAREDES, EDUARDO  
1111 BRICKELL AVE 26TH FL  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

PAREDES, EDUARDO  
396 ALHAMBRA CIRCLE  
PENTHOUSE 2  
CORAL GABLES, FL 33134 US

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: EDUARDO PAREDES

10/07/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: EGAS GRIJALVA, FIDEL  
Address: AV AMAZONAS 4560 E INAQUITO  
City-St-Zip: QUITO, ECUADOR, EC

Title: D  
Name: EGAS SOSA, JUAN P  
Address: AV AMAZONAS 4560 E INAQUITO  
City-St-Zip: QUITO, EC

Title: D  
Name: EGAS SOSA, FIDEL E  
Address: AV AMAZONAS 4560 E INAQUITO  
City-St-Zip: QUITO, EC

Title: P  
Name: SUAREZ BUCHELE, CARLOS A  
Address: AV AMAZONAS 4560 E INAQUITO  
City-St-Zip: QUITO, EC

Title: D  
Name: PEREZ ESPINOSA, ANDRES A  
Address: AV AMAZONAS 4560 E INAQUITO  
City-St-Zip: QUITO, EC

Title: D  
Name: CALLEJAS RIVEDENEIRA, ADOLFO  
Address: AV AMAZONAS 4560 E INAQUITO  
City-St-Zip: QUITO, EC

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANCISCO PAYAN

MGR

10/07/2014

Electronic Signature of Signing Officer or Director

Date