

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**95 APR 27 PM 1:09**

**DOCUMENT # P23923 (6)**

1. Corporation Name  
**BANCO BANORTE S.A.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **RUA JOSE BONIFACIO, 944 TORRE 50.710 RECIFE, PERNAMBUCO, BRAZIL 50710-900 US**  
Mailing Address: **201 SOUTH BISCAYNE BLVD. STE. 3150 MIAMI FL 33131 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>04/17/1989</b>		3a. Date of Last Report <b>08/09/1994</b>	
4. FEI Number <b>65-0079043</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent			
				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City		<b>FL</b> B5 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, typed or printed name of registered agent and date if applicable) (DATE) \_\_\_\_\_ (Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b>	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DA SILVA, JORGE A.</b>	1 2 NAME	
STREET ADDRESS	<b>944, TORRE 50.710-900</b>	1 3 STREET ADDRESS	
CITY - ST - ZIP	<b>RECIFE, PERNAMBUCO, BR</b>	1 4 CITY - ST - ZIP	
TITLE	<b>V</b>	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUIMARAES, ANTONIO M.</b>	2 2 NAME	
STREET ADDRESS	<b>944, TORRE 50.710-900</b>	2 3 STREET ADDRESS	
CITY - ST - ZIP	<b>RECIFE, PERNAMBUCO, BR</b>	2 4 CITY - ST - ZIP	
TITLE	<b>VD</b>	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE ALENCAR, CESAR FRED.</b>	3 2 NAME	
STREET ADDRESS	<b>944, TORRE 50.710-900</b>	3 3 STREET ADDRESS	
CITY - ST - ZIP	<b>RECIFE, PERNAMBUCO, BR</b>	3 4 CITY - ST - ZIP	
TITLE	<b>D</b>	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VILLAR, PAULO R FREIRE</b>	4 2 NAME	
STREET ADDRESS	<b>944, TORRE 50710-900</b>	4 3 STREET ADDRESS	
CITY - ST - ZIP	<b>RECIFE PE</b>	4 4 CITY - ST - ZIP	
TITLE	<b>D</b>	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CALADO, ALVARO</b>	5 2 NAME	
STREET ADDRESS	<b>944, TORRE 50710-900</b>	5 3 STREET ADDRESS	
CITY - ST - ZIP	<b>RECIFE PE</b>	5 4 CITY - ST - ZIP	
TITLE	<b>D</b>	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POTTER, ROBERT A</b>	6 2 NAME	
STREET ADDRESS	<b>201 S. BISCAYNE BLVD.</b>	6 3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 (above), or on an attachment with an address.

SIGNATURE: *Robert A Potter* Robert A Potter 4/21/95 577-0472  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature/Phone #)