

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P23923 (6)

1. Corporation Name
BANCO BANORTE S.A.



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**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29
30

3. Date Incorporated or Qualified: **04/17/1989**
3a. Date of Last Report: **04/27/1995**
4. FFI Number: **65-0079043**
Applied For: Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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, Title, Corporation Name of registered agent and title, if applicable

(NOTE: Registered Agent signature is not required)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	CD	<input type="checkbox"/> DELETE
NAME	DA SILVA, JORGE A.	
STREET ADDRESS	944, TORRE 50.710-900	
CITY-STATE-ZIP	RECIFE, PERNAMBUCO, BR	
12.2	V	<input type="checkbox"/> DELETE
NAME	GUIMARAES, ANTONIO M.	
STREET ADDRESS	944, TORRE 50.710-900	
CITY-STATE-ZIP	RECIFE, PERNAMBUCO, BR	
12.3	VD	<input type="checkbox"/> DELETE
NAME	DE ALENCAR, CESAR FRED.	
STREET ADDRESS	944, TORRE 50.710-900	
CITY-STATE-ZIP	RECIFE, PERNAMBUCO, BR	
12.4	D	<input type="checkbox"/> DELETE
NAME	VILLAR, PAULO R FREIRE	
STREET ADDRESS	944, TORRE 50710-900	
CITY-STATE-ZIP	RECIFE PE	
12.5	D	<input type="checkbox"/> DELETE
NAME	CALADO, ALVARO	
STREET ADDRESS	944, TORRE 50710-900	
CITY-STATE-ZIP	RECIFE PE	
12.6	D	<input type="checkbox"/> DELETE
NAME	POTTER, ROBERT A	
STREET ADDRESS	201 S. BISCAYNE BLVD.	
CITY-STATE-ZIP	MIAMI FL	

13.1	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	1.2 NAME	
13.3	1.3 STREET ADDRESS	
13.4	1.4 CITY-STATE-ZIP	
2.1	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	2.2 NAME	
2.3	2.3 STREET ADDRESS	
2.4	2.4 CITY-STATE-ZIP	
3.1	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	3.2 NAME	
3.3	3.3 STREET ADDRESS	
3.4	3.4 CITY-STATE-ZIP	
4.1	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	4.2 NAME	
4.3	4.3 STREET ADDRESS	
4.4	4.4 CITY-STATE-ZIP	
5.1	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	5.2 NAME	
5.3	5.3 STREET ADDRESS	
5.4	5.4 CITY-STATE-ZIP	
6.1	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	6.2 NAME	
6.3	6.3 STREET ADDRESS	
6.4	6.4 CITY-STATE-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 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or successor 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, changed, or on no attachment, with an address

SIGNATURE:

Robert A. Potter **ROBERT A POTTER** 4/8/96

305-577-0472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)