

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

**APPROVED
AND
FILED**

95 APR 27 PM 12:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 851586 (8)

1. Corporation Name
BANCO ATLANTICO, S.A.

Principal Place of Business Mailing Address

**% RAUL J. VALDES-FAULI, ESO.
2 S. BISCAYNE BLVD., #3400
MIAMI FL 33131-1897**

**% RAUL J. VALDES-FAULI, ESO.
2 S. BISCAYNE BLVD., #3400
MIAMI FL 33131-1897**

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified **01/07/1982** 3a. Date of Last Report **04/18/1994**

4. FEI Number **13-2902678** 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**

6. This corporation has liability for intangible tax under C. 100.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES INC
2 S. BISCAYNE BLVD.
3400 ONE BISCAYNE TOWER
MIAMI FL 33131**

10. Name and Address of New Registered Agent

01 Name

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

03


04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 title if applicable) (NOTE: Registered Agent signature required when translating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCE	NAME SAUDI, ABDULLA A.	11 TITLE PCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS GRAN VIA NO. 48	CITY, ST, ZIP MADRID, SPAIN	12 NAME ABDULLATIF, AHMED	
		13 STREET ADDRESS GRAN VIA NO. 48	
		14 CITY, ST, ZIP MADRID, SPAIN	
TITLE V	NAME LUZON LOPEZ, FRANCISCO	21 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS GRAN VIA NO. 48	CITY, ST, ZIP MADRID, SPAIN	22 NAME PORTELA ALVAREZ, MARCIAL	
		23 STREET ADDRESS GRAN VIA NO. 48	
		24 CITY, ST, ZIP MADRID, SPAIN	
TITLE VPS	NAME FABREGAT, RUBEN	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2 S. BISCAYNE BLVD #3400	CITY, ST, ZIP MIAMI FL	32 NAME	
		33 STREET ADDRESS	
		34 CITY, ST, ZIP	
TITLE D	NAME FERNANDEZ, OLIMPIO	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS GRAN VIA NO 48	CITY, ST, ZIP MADRID SP	42 NAME	
		43 STREET ADDRESS	
		44 CITY, ST, ZIP	
TITLE VP	NAME SANTAMARINA, FRANK	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2 S. BISCAYNE BLVD.	CITY, ST, ZIP MIAMI FL	52 NAME	
		53 STREET ADDRESS	
		54 CITY, ST, ZIP	
TITLE D	NAME HERNANDEZ FONT, JOSE M	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2 S BISCAYNE BLVD #3400	CITY, ST, ZIP MIAMI FL	62 NAME	
		63 STREET ADDRESS	
		64 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)(b), 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 if changed, or in Block 12 with an addition.

SIGNATURE:  **4/17/95 (305) 374-7515**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RUBEN FABREGAT - S.V.P.