

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **851586** (8)

1. Corporation Name
BANCO ATLANTICO, S.A.



Principal Place of Business: **% RAUL J. VALDES-FAULI, ESQ. 2 S. BISCAYNE BLVD., #3400 MIAMI FL 33131-1897**
Mailing Address: **% RAUL J. VALDES-FAULI, ESQ. 2 S. BISCAYNE BLVD., #3400 MIAMI FL 33131-1897**

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

3. Date Incorporated or Organized: **01/07/1982**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **13-2902678**
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: **VALDES-FAULI CORPORATE SERVICES INC 2 S. BISCAYNE BLVD. 3400 ONE BISCAYNE TOWER MIAMI FL 33131**
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83 City; 84 City; 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0607 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	10. NAME	11. TITLE	10. NAME
	PCE ABDULLATIF, AHMED GRAN VIA NO. 48 MADRID, SPAIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	V PORTELA ALVAREZ, MARCIA GRAN VIA NO. 48 MADRID, SPAIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	V. SANCHEZ PEDREÑO, ANTONIO GRAN VIA NO. 48 MADRID, SPAIN
	VPS FABREGAT, RUBEN 2 S. BISCAYNE BLVD #3400 MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	D FERNANDEZ, OLIMPIO GRAN VIA NO 48 MADRID SP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	VP SANTAMARINA, FRANK 2 S. BISCAYNE BLVD. MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	D HERNANDEZ FONT, JOSE M 2 S BISCAYNE BLVD #3400 MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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)(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 if changed, or even after it has been deleted.

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

03.08.96 (305) 374-7515

CR2E034 (12/95)