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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified: **01/07/1982**
3a. Date of Last Report: **03/21/1996**

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

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
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

10. Name and Address of New Registered Agent*
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — **FL** — 85 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 of new registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCE ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ABDULLATIF, AHMED	1.2 NAME	
STREET ADDRESS	GRAN VIA NO. 48	1.3 STREET ADDRESS	
CITY-ST-ZIP	MADRID, SPAIN	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SANCHEZ PEDRENO, ANTONIO	2.2 NAME	
STREET ADDRESS	GRAN VIA NO. 48	2.3 STREET ADDRESS	
CITY-ST-ZIP	MADRID, SPAIN	2.4 CITY-ST-ZIP	
TITLE	VPS ☒ DELETE	3.1 TITLE	VPS ☒ Change ☐ Addition
NAME	FABREGAT, RUBEN	3.2 NAME	MARTINEZ, EMILIO
STREET ADDRESS	2 S. BISCAYNE BLVD #3400	3.3 STREET ADDRESS	2 S. BISCAYNE BLVD #3400
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, OLIMPIO	4.2 NAME	
STREET ADDRESS	GRAN VIA NO 48	4.3 STREET ADDRESS	
CITY-ST-ZIP	MADRID SP	4.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SANTAMARINA, FRANK	5.2 NAME	
STREET ADDRESS	2 S. BISCAYNE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ FONT, JOSE M	6.2 NAME	
STREET ADDRESS	2 S BISCAYNE BLVD #3400	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: EMILIO MARTINEZ — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3/28/97 — Daytime Phone #: (305) 376-6000

CR2E034 (9/96)

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