

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 02 1997 8:00am
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, ESO. 2 S. BISCAYNE BLVD., #3400 MIAMI FL 33131-1897 | Mailing Address % RAUL J. VALDES-FAULI, ESO. 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 |
| 4. FEI Number 13-2902678 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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

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

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | PCE | <input type="checkbox"/> DELETE |
| NAME | ABDULLATIF, AHMED | |
| STREET ADDRESS | GRAN VIA NO. 48 | |
| CITY-ST-ZIP | MADRID, SPAIN | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | SANCHEZ PEDRENO, ANTONIO | |
| STREET ADDRESS | GRAN VIA NO. 48 | |
| CITY-ST-ZIP | MADRID, SPAIN | |
| TITLE | VPS | <input checked="" type="checkbox"/> DELETE |
| NAME | FABREGAT, RUBEN | |
| STREET ADDRESS | 2 S. BISCAYNE BLVD #3400 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FERNANDEZ, OLIMPIO | |
| STREET ADDRESS | GRAN VIA NO 48 | |
| CITY-ST-ZIP | MADRID SP | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | SANTAMARINA, FRANK | |
| STREET ADDRESS | 2 S. BISCAYNE BLVD. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HERNANDEZ FONT, JOSE M | |
| STREET ADDRESS | 2 S BISCAYNE BLVD #3400 | |
| CITY-ST-ZIP | MIAMI FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | VPS |
| 3.3 STREET ADDRESS | MARTINEZ, EMILIO |
| 3.4 CITY-ST-ZIP | 2 S. BISCAYNE BLVD #3400 MIAMI, FL |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 3/28/97 (305) 376-6000
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)