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Feb 27, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 851586

1. Corporation Name
BANCO ATLANTICO, S.A.

Principal Place of Business BANCO ATLANTICO 801 BRICKELL AVE 8TH FL MIAMI FL 33131 US	Mailing Address % RAUL J. VALDES-FAULI. ESQ. 2 S. BISCAYNE BLVD. #3400 MIAMI FL 33131-1897
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 01/07/1982	Applied For Not Applicable
4. FEI Number 13-2902678	
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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PCE	<input checked="" 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 type="checkbox"/> DELETE
NAME	MARTINEZ, EMILIO	
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	VALBUENA, FELIPE	
STREET ADDRESS	2 S BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33131	
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	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Abdulmohsen Y. Al - Hunaif	
1.3 STREET ADDRESS	Gran Via No. 48	
1.4 CITY-ST-ZIP	Madrid, Spain	
2.1 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sanchez Pedreno, Antonio	
2.3 STREET ADDRESS	Gran Via No. 48	
2.4 CITY-ST-ZIP	Madrid, Spain	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Abdullatif, Ahmed	
3.3 STREET ADDRESS	Gran Via No. 48	
3.4 CITY-ST-ZIP	Madrid, Spain	
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 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, with all other like empowered.

SIGNATURE: _____ DATE: **1/25/99** DAYTIME PHONE #: **(305) 3747815**

SIGNATURE REQUIRED (Martinez)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)