


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90170 035 ***150.00

DOCUMENT # 851586
 1. Entity Name
BANCO ATLANTICO, S.A.



Principal Place of Business
BANCO ATLANTICO
801 BRICKELL AVE 8TH FL
MIAMI, FL 33131 US

Mailing Address
CLEMENTE L. VAZQUEZ-BELLO, ESG.
2 S. BISCAYNE BLVD., #3400
MIAMI, FL 33131-1897

94069016



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04152004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
13-2902678

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	AL-HUMEIDI, ABDULLA S	
STREET ADDRESS	GRAN VIA NO. 48	
CITY-ST-ZIP	MADRID, SPAIN,	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MONTECELOS, MANUEL	
STREET ADDRESS	GRAN VIA NO. 48	
CITY-ST-ZIP	MADRID, SPAIN,	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	LLADO, MAURICI	
STREET ADDRESS	2 S. BISCAYNE BLVD #3400	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, OLIMPIO	
STREET ADDRESS	GRAN VIA NO 48	
CITY-ST-ZIP	MADRID, SP	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SAUGAR, JAVIER	
STREET ADDRESS	2 S BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	MONTECELOS, MANUEL	
STREET ADDRESS	GRAN VIA NO. 48	
CITY-ST-ZIP	MADRID, SPAIN,	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Permanyera i Cunillera, Josep	
STREET ADDRESS	Gran Via 48	
CITY-ST-ZIP	Madrid - Spain - 28013	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vallejo, Francisco	
STREET ADDRESS	Gran Via 48	
CITY-ST-ZIP	Madrid - Spain - 28013	
TITLE	SrVP, Agent, GM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Llado, Maurici	
STREET ADDRESS	801 Brickell Ave.	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE	D, International Division	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernandez, Olimpio	
STREET ADDRESS	Gran Via 48	
CITY-ST-ZIP	Madrid - Spain 28013	
TITLE	VP, Operations Manager	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Saugar, Javier	
STREET ADDRESS	801 Brickell Ave.	
CITY-ST-ZIP	Miami, Florida-33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **Maurici Llado** **4/20/04** **305-376-6000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)