2903 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

851586

1. Entity Name

BANCO ATLANTICO, S.A.



FILED Mar 13, 2003 8:00 am Secretary of State 03-13-2003 90097 043 ***150.00

					OD WE	222					
_Principal Place	e of Business	Mailir	g Address								
BANCO ATLA			CLEMENTE L. VAZQUEZ-BELLO, ESG.								
801 BRICKELL AVE 8TH FL		2 \$	2 S. BISCAYNE BLVD., #3400				• .				
MIAMI FL 33131			MIAMI FL 33131-1897				1 100101 10101 10110 11011 11011 1	E BANK BARAK KAR	H MANA BARA	ANTON TOTAL LOCAL	
ŲS										ERRI BIRK (DR)	
2. Principal P	lace of Business	3. Ma	3. Mailing Address					I BIRI BIRIK BIB	H THOM DISM)(4)(9(9)) (98)	
Suite, Apt. #, etc. Suit			uite, Apt. #, etc.				T CHECK HERE IF MAKING CHANGES				
							GINEON HERE IN INVANING OF WINDER				
City & State			City & State			4.	1. FEI Number 13-2902678 Applied Net Applied			plied For	
							13-2902076		No	t Applicable	
Zip	Country	Country Zip Co			у	5	Certificate of Status Desired		8.75 Add		
							Continuate of oldies Desired	ີ F∈	e Require	t	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
					Name						
VALDES-FAULI CORPORATE SERVICES INC				Street Address (P.O. Box Number is N			Roy Number is Not Acceptable)		 -		
2 S. BISCAYNE BLVD.			Silver Address			aureaa (IT.O. E	Sox Humber is Hot Acceptable)				
3400 ONE BISCAYNE TOWER											
MIAMI FL 33131						City			FL Zip Code		
9 The above	named entity submits this statement	for the nurr	nose of changing its r	enisteren	t office or	registered ac	nent or both in the State of Florio	ia. Lam fan	niliar with.	and accept	
the obligati	ions of registered agent.						gork, or both, in the otate of them	~			
Ü											
SIGNATURE -	Signature, typed or printed name of registered ager		-IIEI- MOTE-	Cariatavad	4 t - i t - i	re required when r	- installand	DATE			
	Signature, typed or printed name of registered ager	nt and title if app	olicable. (NOTE:	Hegistered /	Agent signatu	re required when r	reinstaung)	DATE			
	LE NOW!!! FEE IS \$150.00						9. Election Campaign Finan	ncina	\$5.0	O May Be	
	May 1, 2003 Fee will be \$550.00						Trust Fund Contribution.			to Fees	
Make Check	Payable to Florida Department	of State									
10.	OFFICERS ANI	D DIRECTO	ORS	11.			ODITIONS/CHANGES TO OFFIC	ERS AND D	IRECTORS	3 IN 11	
TITLE	PCE Ph. Delete		TITLE		Chairman		5	Change	Addition		
NAME	ABDULLATIF, AHMED			NAME		Abdulla	S.Al-Humaidi				
STREET ADDRESS	GRAN VIA NO. 48			STREET	ADDRESS	Gran Via	a No.48				
CITY-ST-ZIP	MADRID, SPAIN			CITY-S	T-ZIP	Madrid,S	Spain				
TITLE	V		☐ Delete	TITLE		ŒO		[Change	Addition	
NAME	MONTECELOS, MANUEL		L below	NAME			los, Manuel	_	_ ,	-	
STREET ADDRESS	GRAN VIA NO. 48			STREET	ADDRESS	Gran Via					
CITY-ST-ZIP	MADRID, SPAIN			CITY-S	ST-ZIP	Madrid,	- · ·				
TITLE			☐ Delete	TITLE		SVP & Ag		Г	Change	Addition	
NAME	VPS SVI LLADO, MAURICÍ		LI Delete	NAME		Llado, M			Ondings		
STREET ADDRESS		÷	•		ADDRESS	201 Beio	kell Ave. 8th. floor				
CITY-ST-ZIP	2 S. BISCAYNE BLVD #3400 MIAMI FL			CITY-S			Miami, Florida 33131				
	D IN	٠ ـــ	- ≫ > □:n.i ~-	4				Г	Change	Addition	
TITLE	FERNANDEZ, OLIMPIO		Delete	TITLE NAME	_	шсстат	ional General Manager		onange	Last Addition	
NAME STREET ADDRESS	GRAN VIA NO 48				ADDRESS	remande	z Olimpio			ļ	
CITY-ST-ZIP	MADRID SP .			CITY-S		Gran Via					
						Madrid,	Spain		7 Change	Addition	
TITLE	VP AND ANDED	,	☐ Delete	TITLE NAME			erations Manager	L	change	☐ Mudition	
NAME STREET ADDRESS	SAUGAR, JAVIER	•			T ADDRESS	Saugar,					
STREET ADDRESS	2 S BISCAYNE BLVD			CITY-S			kell Ave. 8th. floor				
CITY-ST-ZIP	MIAMI FL 33131 ;		Per -	1	/1 - £1F		Torida 33131		Charre	57 8 2200	
TITLE	(1)	•	☐ Delete	TITLE		SVP Depu	ity General Manager	L	Change	X Addition	
NAME		•	4 F	NAME			on Dincklage				
STREET ADDRESS	-Sa			1	ADDRESS		kell Ave. 8th. floor			ľ	
CiTY-ST-ZIP				CITY-S		Miami, F	Torida 331.31				
12. hereby c	certify that the information supplied wi	tt this filing	does not qualify for	the exem	ption stat	ed in Section	119.07(3)(i), Florida Statutes. I fu	urther certify	y that the ii	normation	

nter 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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if n address, with all other like empowered. indicated on this report or supplen of the corporation or the receiver or trus changed, or on an attachment with an a

SIGNATURE:

Daytime Phone #