

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J18236

**FILED  
Mar 25, 2016  
Secretary of State  
CC7829585645**

**Entity Name:** BANCO DO BRASIL AMERICAS

**Current Principal Place of Business:**

2 SOUTH BISCAYNE BOULEVARD  
SUITE 3870  
MIAMI, FL 33131

**Current Mailing Address:**

2 SOUTH BISCAYNE BOULEVARD  
SUITE 3870  
MIAMI, FL 33131 US

**FEI Number:** 59-2680958

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WHYTE, LEONARD R  
2 SOUTH BISCAYNE BOULEVARD  
SUITE 3870  
MIAMI, FL 33131 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title	PCEO	Title	VPS
Name	SEGURA, ANTONIO CASSIO	Name	WHYTE, LEONARD R
Address	2 SOUTH BISCAYNE BOULEVARD SUITE 3870	Address	2 SOUTH BISCAYNE BOULEVARD SUITE 3870
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	DCH	Title	D
Name	PROLA SALINAS, JOSE LUIS	Name	DE VRIES ASHLEY, DIANE
Address	2 SOUTH BISCAYNE BOULEVARD SUITE 3870	Address	2 SOUTH BISCAYNE BOULEVARD SUITE 3870
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	D	Title	D
Name	CROWELL, CHARLES WAYNE	Name	ROUSSAKIS, EMMANUEL N
Address	2 SOUTH BISCAYNE BOULEVARD SUITE 3870	Address	2 SOUTH BISCAYNE BOULEVARD SUITE 3870
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEONARD R. WHYTE **VICE PRESIDENT** **03/25/2016**  
\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date