

2019 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000030147

Entity Name: BANESCO USA**Current Principal Place of Business:**150 ALHAMBRA CIRCLE
SUITE 1000
CORAL GABLES, FL 33134**Current Mailing Address:**150 ALHAMBRA CIRCLE
SUITE 1000
CORAL GABLES, FL 33134 US**FEI Number:** 20-2768792**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INTERAMERICAN CORPORATE SERVICES LLC
2525 PONCE DE LEON BLVD
SUITE 1225
CORAL GABLES, FL 33134 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:** ASNARDO GARRO

09/11/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO
Name SALAS, JORGE
Address 150 ALHAMBRA CIRCLE
 SUITE 1000
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name PALOMARES, CARLOS
Address 150 ALHAMBRA CIRCLE
 SUITE 1000
City-State-Zip: CORAL GABLES FL 33134

Title EXECUTIVE VICE PRESIDENT -CHIEF
 RISK OFFICER
Name PRESTAMO, ALBA
Address 150 ALHAMBRA CIRCLE
 SUITE 1000
City-State-Zip: CORAL GABLES FL 33134

Title SVP INTERNATIONAL
Name GRAU, LUIS
Address 150 ALHAMBRA CIRCLE
 SUITE 1000
City-State-Zip: CORAL GABLES FL 33134

Title EXECUTIVE VICE PRESIDENT, CFO
Name ESCOTET, MARIA M
Address 150 ALHAMBRA CIRCLE
 SUITE 1000
City-State-Zip: CORAL GABLES FL 33134

Title EXECUTIVE VICE PRESIDENT,
 OPERATIONS OFFICER
Name PINO, LETICIA
Address 150 ALHAMBRA CIRCLE
 SUITE 1000
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name BRIL, ABRAHAM S
Address 150 ALHAMBRA CIRCLE
 SUITE 1000
City-State-Zip: CORAL GABLES FL 33134

Title EVP/P.R. COUNTRY MGR
Name ABADIA, MARTIZA
Address 150 ALHAMBRA CIRCLE
 SUITE 1000
City-State-Zip: CORAL GABLES FL 33134

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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: JORGE SALAS

PRESIDENT

09/11/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PAREDES, FRANCISCO J
Address 150 ALHAMBRA CIRCLE
SUITE 1000
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name MARCANO, MIGUEL A
Address 150 ALHAMBRA CIRCLE
SUITE 1000
City-State-Zip: CORAL GABLES FL 33134

Title EVP/CHIEF INFORMATION OFFICER
Name VALLE, JULIO A
Address 150 ALHAMBRA CIRCLE
SUITE 1000
City-State-Zip: CORAL GABLES FL 33134

Title SVP, CHIEF RISK OFFICER
Name SCHOEMI, JOHN K
Address 150 ALHAMBRA CIRCLE
SUITE 1000
City-State-Zip: CORAL GABLES FL 33134

Title D
Name OLIVA, MARIO
Address 150 ALHAMBRA CIRCLE
SUITE 1000
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name ESCOTET ALVIAIREZ, JUAN CARLOS
Address 150 ALHAMBRA CIRCLE
SUITE 1000
City-State-Zip: CORAL GABLES FL 33134

Title CHIEF CREDIT OFFICER
Name VOGEL, MICHEL
Address 150 ALHAMBRA CIRCLE
SUITE 1000
City-State-Zip: CORAL GABLES FL 33134

Title HEAD OF SMB & BRANCHES
Name LOPEZ, JOSE
Address 150 ALHAMBRA CIRCLE
SUITE 1000
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name HERNANDEZ, PATRICIA M
Address 150 ALHAMBRA CIRCLE
SUITE 1000
City-State-Zip: CORAL GABLES FL 33134