

2017 FLORIDA PROFIT CORPORATION 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:**REGISTERED AGENT CORPORATE SERVICES, INC
355 ALHAMBRA CIRCLE
SUITE 801
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO
Name SALAS, JORGE
Address 150 ALHAMBRA CIRCLE
10TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title EXECUTIVE VICE PRESIDENT-CHIEF
LENDING OFFICER
Name GARCIA, ALINA D
Address 150 ALHAMBRA CIRCLE
10TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name AYALA, RICARDO
Address 150 ALHAMBRA CIRCLE
10TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title EXECUTIVE VICE PRESIDENT,
OPERATIONS OFFICER
Name PINO, LETICIA
Address 150 ALHAMBRA CIRCLE
10TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title EXECUTIVE VICE PRESIDENT, CFO
Name ESCOTET, MARIA M
Address 150 ALHAMBRA CIRCLE
10TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name PALOMARES, CARLOS
Address 150 ALHAMBRA CIRCLE
10TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name SIGARRETA, AUGUSTO
Address 150 ALHAMBRA CIRCLE
10TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title EXECUTIVE VICE PRESIDENT -CHIEF
RISK OFFICER
Name PRESTAMO, ALBA
Address 150 ALHAMBRA CIRCLE
10TH FLOOR
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: MARIA M.ESCOTET

VP/CFO

04/19/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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 MALDONADO, MARTIZA A.
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 EVP/CHIEF INFORMATION OFFICER
Name SANTIAGO, MILTON
Address 150 ALHAMBRA CIRCLE
SUITE 1000
City-State-Zip: CORAL GABLES FL 33134