

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000030147

**Entity Name:** BANESCO USA**Current Principal Place of Business:**150 ALHAMBRA CIRCLE  
10TH FLOOR  
CORAL GABLES, FL 33134**Current Mailing Address:**150 ALHAMBRA CIRCLE  
10TH FLOOR  
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 DIRECTOR  
Name SIGARRETA, AUGUSTO  
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 BRENNER, FREDERICK  
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

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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

EXEC VP/CFO

04/11/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title EXECUTIVE VICE PRESIDENT AND CHIEF  
CREDIT OFFICER  
Name FERREIRA, LOUIS  
Address 150 ALHAMBRA CIRCLE  
10TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name ROBAU, RAUL  
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