

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005177

Entity Name: BANCO FINANCIERA COMERCIAL HONDURENA, S.A. (BANCO FICOHSA) CORP.**FILED**
Mar 24, 2015
Secretary of State
CC7095343712**Current Principal Place of Business:**2000 PONCE DE LEON BLVD.
SUITE 639
CORAL GABLES, FL 33134**Current Mailing Address:**1395 BRICKELL AVE., 14TH FL-JHF
MIAMI, FL 33131-3302**FEI Number: 20-4437728****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FRIEDHOFF, JOHN HESQUIRE
1395 BRICKELL AVE., 14TH FL
MIAMI, FL 33131-3302 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	P
Name	ATALA, CAMILO
Address	EDIFICIO PLAZA VICTORIA COL. LAS COLINAS BLVD. FRANCIA
City-State-Zip:	TEGUCIGALPA M.D.C.

Title	V
Name	ATALA, JAVIER
Address	EDIFICIO PLAZA VICTORIA COL. LAS COLINAS BLVD. FRANCIA
City-State-Zip:	TEGUCIGALPA M.D.C.

Title	V
Name	STEFAN, SERGIO
Address	EDIFICIO PLAZA VICTORIA COL. LAS COLINAS BLVD. FRANCIA
City-State-Zip:	TEGUCIGALPA M.D.C.

Title	MGR
Name	MAYR, ALEX
Address	2000 PONCE DE LEON BLVD. STE. 639
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	FARAJ, JORGE A
Address	EDIFICIO PLAZA VICTORIA COL. LAS COLINAS BLVD. FRANCIA
City-State-Zip:	TEGUCIGALPA M.D.C.

Title	D
Name	ATALA, JUAN C
Address	EDIFICIO PLAZA VICTORIA COL. LAS COLINAS BLVD. FRANCIA
City-State-Zip:	TEGUCIGALPA M.D.C.

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: CAMILO ATALA**PRESIDENT****03/24/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date