FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 10 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **841609** **(1)**

1. Corporation Name

BANCO DO ESTADO DE SAO PAULO, INCORPORATED (BANE SPA)

Principal Place of Business	Mailing Address
ONE BISCAYNE TOWER SUITE 3700 MIAMI FL 33131	ONE BISCAYNE TOWER SUITE 3700 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/11/1978	3a. Date of Last Report: 03/08/1994
4. FEI Number: 13-2761940	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 26
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SCAFF, RENATO
ONE BISCAYNE TOWER
SUITE 3700
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: RUIZ, FRANCISCO
82 Street Address (P.O. Box Number is Not Acceptable): ONE BISCAYNE TOWER
83 SUITE 3700
84 City: MIAMI FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE 3/31/95
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	MEINBERG, CARLOS AUSUSTO	1.2 NAME	da CUNHA, ALTINO
STREET ADDRESS	PRACA ANTONIO PRADO, 6	1.3 STREET ADDRESS	R. AURORA, 993"9 ANDAR, STA. EFIGENIA
CITY-ST-ZIP	BRASIL SAO PAULO,SP	1.4 CITY-ST-ZIP	SAO PAULO, SP BRAZIL 01209-0000
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	GOMES, CARLOS SERGIO	2.2 NAME	FERREIRA, ALCINDO
STREET ADDRESS	PRACA ANTONIO PRADO, 6	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRASIL SAO PAULO SP	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☒ Change ☐ Addition
NAME	ROSA, LUIS CARLOS DE	3.2 NAME	MAGRO, JOAO ALBERTO
STREET ADDRESS	PRACA ANTONIO PRADO, 6	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRASIL SAO PAULO SP	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☒ Change ☐ Addition
NAME	GREGORI, GILBERTO	4.2 NAME	D'ANGELO, ARIOVALDO
STREET ADDRESS	PRACA ANTONIO PRADO, 6	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRASIL SAO PAULO,SP	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☒ Change ☐ Addition
NAME	BENI, MARIO CARLOS	5.2 NAME	DOMINGUES, EDSON LUIZ
STREET ADDRESS	PRACA ANTONIO PRADO, 6	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRASIL SA PAULO, SP	5.4 CITY-ST-ZIP	
TITLE	RA	6.1 TITLE	RA ☒ Change ☐ Addition
NAME	SCAFF RENATO	6.2 NAME	RUIZ, FRANCISCO
STREET ADDRESS	3700 ONE BISCAYNE TOWER	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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