

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 841609 (1)

1. Corporation Name

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

Principal Place of Business

ONE BISCAYNE TOWER  
SUITE 3700  
MIAMI FL 33131

Mailing Address

ONE BISCAYNE TOWER  
SUITE 3700  
MIAMI FL 33131



3. Date Incorporated or Qualified

10/11/1978

3a. Date of Last Report

04/10/1995

4. FEI Number

13-2761840

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

RUIZ, FRANCISCO  
ONE BISCAYNE TOWER  
SUITE 3700  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	DA CUNHA, ALTINO	R AURORA, 993"9 ANDAR, STA. EFIGENIA	SAO PAULO SP	<input checked="" type="checkbox"/> DELETE			
VD	FERREIRA, ALCINDO	PRACA ANTONIO PRADO, 6	BRASIL SAO PAULO SP	<input checked="" type="checkbox"/> DELETE			
VD	MAGRO, JOAO A	PRACA ANTONIO PRADO, 6	BRASIL SAO PAULO SP	<input checked="" type="checkbox"/> DELETE			
VD	D'ANGELO, ARIOWALDO	PRACA ANTONIO PRADO, 6	BRASIL SAO PAULO, SP	<input checked="" type="checkbox"/> DELETE			
VD	DOMINGUES, EDSON L	PRACA ANTONIO PRADO, 6	BRASIL SA PAULO, SP	<input checked="" type="checkbox"/> DELETE			
RA	RUIZ, FRANCISCO	3700 ONE BISCAYNE TOWER	MIAMI FL	<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Feitosa, Antonio Carlos	R Aurora, 993"9 Andar, Sta. Efigenia	Sao Paulo SP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Tavares, Arthur Campos	Praca Antonio Prado, 6	Brasil Sao Paulo SP
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Cardoso Junior, Jayme	Praca Antonio Prado, 6	Brasil Sao Paulo SP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Gaspar, Helcio	D'Angelo, Arioaldo	Praca Antonio Prado, 6
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Siqueira, Pedro Ulisses	Praca Antonio Prado, 6	Brasil SA Paulo, SP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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)(k), 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

4/24/96 (305) 358-9167

CR2E034 (12/95)