

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 11:26

DOCUMENT # **841717** (2)

1. Corporation Name
BANCO SANTANDER, S.A.

Principal Place of Business	Mailing Address
SUITE 700 1000 BRICKELL AVENUE MIAMI FL 33131	SUITE 700 1000 BRICKELL AVENUE MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/26/1978	3a. Date of Last Report 01/25/1994
4. FEI Number 13-2617929	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1401 Brickell Avenue	26 1401 Brickell Avenue
Suite, Apt. #, etc. 22 1401	Suite, Apt. #, etc. 27 1401
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33131	Country 25 USA
Country 29 USA	Zip 30 33131

9. Name and Address of Current Registered Agent

**STATE COMPTROLLER
CAPITAL BUILDING
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title of applicant. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	MCINTYRE, BROOKES
STREET ADDRESS	1000 BRICKELL AVENUE
CITY- ST- ZIP	MIAMI FL
TITLE	CD
NAME	BOTIN, JR., EMILIO
STREET ADDRESS	PASEO DE PEREDA 9/12
CITY- ST- ZIP	SPAIN, SANTANDER
TITLE	SD
NAME	MATILLA, ATILANO
STREET ADDRESS	PASEO DE PEREDA 9/12
CITY- ST- ZIP	SPAIN, SANTANDER
TITLE	VCD
NAME	BOTIN, JAIME
STREET ADDRESS	PASEO DE PEREDA 9/12
CITY- ST- ZIP	SPAIN, SANTANDER
TITLE	MD
NAME	ECHENIQUE, RODRIGO
STREET ADDRESS	PASEO DE PEREDA 9/12
CITY- ST- ZIP	SPAIN, SANTANDER

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DIRECTOR
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Brookes McIntyre* 1/10/95 (305) 530-2910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR