

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 841717 (2)

1. Corporation Name:
BANCO SANTANDER, S.A.



Principal Place of Business
1401 BRICKELL AVENUE
1400
MIAMI FL 33131
US

Mailing Address
1401 BRICKELL AVENUE
1400
MIAMI FL 33131-3506
US

3. Date Incorporated or Qualified
10/26/1978

3a. Date of Last Report
01/30/1996

4. FEI Number
13-2617929

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
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0532 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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCINTYRE, BROOKES		1.2 NAME		
STREET ADDRESS	1000 BRICKELL AVENUE		1.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		1.4 CITY - ST - ZIP		
TITLE	CD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOTIN, JR., EMILIO		2.2 NAME		
STREET ADDRESS	PASEO DE PEREDA 9/12		2.3 STREET ADDRESS		
CITY - ST - ZIP	SPAIN, SANTANDER		2.4 CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENJAMES, IGNACIO		3.2 NAME	BENJAMES	
STREET ADDRESS	CASTELLANA 24		3.3 STREET ADDRESS		
CITY - ST - ZIP	MADRID SP		3.4 CITY - ST - ZIP		
TITLE	VCD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOTIN, JAIME		4.2 NAME		
STREET ADDRESS	PASEO DE PEREDA 9/12		4.3 STREET ADDRESS		
CITY - ST - ZIP	SPAIN, SANTANDER		4.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ECHENIQUE, RODRIGO		5.2 NAME		
STREET ADDRESS	PASEO DE PEREDA 9/12		5.3 STREET ADDRESS		
CITY - ST - ZIP	SPAIN, SANTANDER		5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing 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: Brookes McIntyre 1/14/97 (305) 530-2910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)