

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90040 011 ***150.00

DOCUMENT # 845964

1. Entity Name
BANCO CENTRAL HISPANOAMERICANO, S.A.
BANCO SANTANDER CENTRAL HISPANO, S.A. MIAMI AGENCY

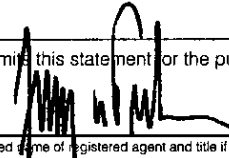
Principal Place of Business		Mailing Address	
701 BRICKELL AVENUE SUITE 2410 MIAMI FL 33131 US		701 BRICKELL AVENUE SUITE 2410 MIAMI FL 33131-2860 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE
13-2617929

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
TESTERMAN, GREGORY 701 BRICKELL AVENUE SUITE 2410 MIAMI FL 33131				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

8. 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  **GREGORY TESTERMAN, AGENT & G.M.** 02/25/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C <input type="checkbox"/> Delete	TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMUSATEGUI, JOSE M	NAME	Emilio Botin
STREET ADDRESS	PLAZA DE CANALEJAS, 1	STREET ADDRESS	Plaza Canalejas, 1
CITY-ST-ZIP	MADRID, SPAIN 28001	CITY-ST-ZIP	Madrid, Spain 28014
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EZCAMEZ, ANTONIO	NAME	Angel Corcostegui
STREET ADDRESS	PLAZA DE CANALEJAS, 1	STREET ADDRESS	Plaza Canalejas, 1
CITY-ST-ZIP	MADRID, SPAIN 28001	CITY-ST-ZIP	Madrid, Spain 28014
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PELAEZ, LISARDO	NAME	Jose Manuel Arrojo
STREET ADDRESS	C/BARQUILLO 4, 4A PLANTA	STREET ADDRESS	Plaza Canalejas 1,
CITY-ST-ZIP	MADRID, SPAIN 28014	CITY-ST-ZIP	Madrid, Spain 28014
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, PABLO	NAME	Andres Martin Garrido
STREET ADDRESS	C/ BARQUILLO 4, 4A PLANTA	STREET ADDRESS	Plaza Canalejas, 1
CITY-ST-ZIP	MADRID, SPAIN 28014	CITY-ST-ZIP	Madrid, Spain 28014
TITLE	GM <input type="checkbox"/> Delete	TITLE	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TESTERMAN, GREGORY	NAME	Enrique Perez Hernandez
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 2410	STREET ADDRESS	Plaza Canalejas, 1
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	Madrid, Spain 28014
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I 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 report or supplemental 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 or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **GREGORY TESTERMAN, AGENT & G.M.** 02/25/00 (305) 373-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)