

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 # 849653 (1)

1. Corporation Name

ABN AMRO BANK N.V.

Principal Place of Business

Mailing Address

SOUTHEAST FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD. 22ND FLOOR
MIAMI FL 33131-5311

SOUTHEAST FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD. 22ND FLOOR
MIAMI FL 33131-5311



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KOCH, PAUL
13305 SW 106 AVE
MIAMI FL 33176

3. Date Incorporated or Qualified

07/08/1981

3a. Date of Last Report

03/31/1995

4. FEI Number

13-5268975

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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

10. Name and Address of New Registered Agent

81 Name

JORGE MOREY

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

200 S. BISCAYNE BLVD. 22ND. FLOOR

83

84 City

MIAMI, FLORIDA

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

JORGE MOREY/SENIOR VICE PRESIDENT

4/2/96

(Signature of person or persons authorized to register agent and the corporation)

(Signature of registered agent or person authorized to register agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
PD	KALFF, PJ	FOPPINGADREEF 22	AMSTERDAM ZU	☐
D	VAN TETS, R.W.F.	22 FOPPINGADREEF	AMSTERDAM ZU	☐
D	DRABBE, MJ	FOPPINGADREEF 22	AMSTERDAM ZU	☐
D	DEBIEVRE, L.D.	BACHLAAN 15	HILVERSUM	☐
D	RIBOURDOUILLE, DRS.P.	ZWARTEWEG 14	AERDENHOUT, NETHERLAND	☐
SVM	KOCH, PAUL	200 S BISCAYNE BLVD, 22ND FL	MIAMI FL	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td>	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td>	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td>	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td>	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> <td>6.4 CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td>	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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-04/05/96--01089--002
***208.75
J.S.

SVP
JORGE MOREY
200 S. BISCAYNE BLVD. 22nd. FLOOR
MIAMI, FLORIDA 33131

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
JORGE MOREY/S.V.P.

3/15/96

(305)416-7777

DATE

Daytime Phone #

CR2E034 (12/95)