FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 4:16

DOCUMENT # 851055 (4)

1. Corporation Name
BANCO NACIONAL, S.A.

Principal Place of Business	Mailing Address
C/O BANCO NACIONAL S.A. MIAMI AGENCY 9TH FLOOR, 1200 BRICKELL AVENUE MIAMI FL 33131	1200 BRICKELL AVE 9TH FLOOR MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/17/1981	3a. Date of Last Report: 02/04/1994
2. Principal Place of Business 21 BANCO NACIONAL MIAMI	2a. Mailing Address 26 701 BRICKELL AVE
Suite, Apt. #, etc. 22 #1250, 701 BRICKELL AV	Suite, Apt. #, etc. 27 #1250
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip / Country 24 33131 / 25 DADE	Zip / Country 29 33131 / 30 DADE
4. FEI Number: 59-2182859 ☐ 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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VAZQUEZ-BELLO, CLEMENTE L., ESQ 2 SOUTH BISCAYNE BLVD. 9TH FLOOR MIAMI FL 33131	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	BACCI, GILSON JOSE FR	1.2 NAME		
STREET ADDRESS	1200 BRICKELL AVE., 9TH FLR	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	DGM	2.1 TITLE	DGM	☒ Change ☐ Addition
NAME	PEREIRA, MARCOS RODRIGU	2.2 NAME	PEREIRA, MARCOS RODRIGU	
STREET ADDRESS	1200 BRICKELL AVE., 9TH FLR	2.3 STREET ADDRESS	701 BRICKELL AVE #1250	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	CFO	3.1 TITLE	COMPLIANCE OFFICER	☒ Change ☐ Addition
NAME	MARMOL, DONATO H.	3.2 NAME	ALONSO, LEONOR	
STREET ADDRESS	1200 BRICKELL AVE., 9TH FLR	3.3 STREET ADDRESS	701 BRICKELL AVE, #1250	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	DA SILVA, EDSON F	4.2 NAME		
STREET ADDRESS	645 FIFTH AVE., 16 FLOOR	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP		
TITLE	VP	5.1 TITLE		☐ Change ☐ Addition
NAME	PESSANHA DE LIMA, JOSE CARLOS	5.2 NAME		
STREET ADDRESS	AVE. RIO BRANCO 123	5.3 STREET ADDRESS		
CITY-ST-ZIP	RIO LE JANEIRO BR	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARCOS R. PEREIRA, Banco Nacional S.A. Miami Agency, Deputy General Manager — LEONOR ALONSO, COMPLIANCE OFFICER & HUMAN RESOURCES MANAGER
SIGNATURE AND TITLE OF CHAIRMAN, PRESIDENT, OFFICER OR DIRECTOR — Date — Daytime Phone #

0132010 CP