

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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90021 050 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 851586**

1. Corporation Name  
**BANCO ATLANTICO, S.A.**

Principal Place of Business  
**BANCO ATLANTICO**  
**801 BRICKELL AVE 8TH FL**  
**MIAMI FL 33131**  
**US**

Mailing Address  
**% RAUL J. VALDES-FAULI. ESQ.**  
**2 S. BISCAYNE BLVD.. #3400**  
**MIAMI FL 33131-1897**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/07/1982**

4. FEI Number

**13-2902678**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES INC**  
**2 S. BISCAYNE BLVD.**  
**3400 ONE BISCAYNE TOWER**  
**MIAMI FL 33131**

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCE** ☒ DELETE  
NAME **ABDULLATIF, AHMED**  
STREET ADDRESS **GRAN VIA NO. 48**  
CITY-ST-ZIP **MADRID, SPAIN**

TITLE **V** ☐ DELETE  
NAME **SANCHEZ PEDRENO, ANTONIO**  
STREET ADDRESS **GRAN VIA NO. 48**  
CITY-ST-ZIP **MADRID, SPAIN**

TITLE **VPS** ☐ DELETE  
NAME **MARTINEZ, EMILIO**  
STREET ADDRESS **2 S. BISCAYNE BLVD #3400**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE  
NAME **FERNANDEZ, OLIMPIO**  
STREET ADDRESS **GRAN VIA NO 48**  
CITY-ST-ZIP **MADRID SP**

TITLE **VP** ☐ DELETE  
NAME **VALBUENA, FELIPE**  
STREET ADDRESS **2 S BISCAYNE BLVD**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ DELETE  
NAME **HERNANDEZ FONT, JOSE M**  
STREET ADDRESS **2 S BISCAYNE BLVD #3400**  
CITY-ST-ZIP **MIAMI FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Chairman** ☐ Change ☒ Addition  
1.2 NAME **Abdulmohsen Y. Al - Hunaif**  
1.3 STREET ADDRESS **Gran Via No. 48**  
1.4 CITY-ST-ZIP **Madrid, Spain**

2.1 TITLE **M** ☐ Change ☒ Addition  
2.2 NAME **Sanchez Pedreno, Antonio**  
2.3 STREET ADDRESS **Gran Via No. 48**  
2.4 CITY-ST-ZIP **Madrid, Spain**

3.1 TITLE **P** ☒ Change ☐ Addition  
3.2 NAME **Abdullatif, Ahmed**  
3.3 STREET ADDRESS **Gran Via No. 48**  
3.4 CITY-ST-ZIP **Madrid, Spain**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED** **Martinez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/25/99** **(305) 3247815**

CR2E034 (1/198)