

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 APR 14 AM 9:10

DOCUMENT # 851782 (3)

1. Corporation Name

BANQUE SUDAMERIS

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/05/1982** 3a. Date of Last Report **03/16/1994**

4. FEI Number **98-0050925** 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

2a. Mailing Address

**4 RUE MEYERBEER
B P 251-09 75429 PARIS CEDEX 09
PARIS, FRANCE**

**4 RUE MEYERBEER
B P 251-09 75429 PARIS CEDEX 09
PARIS, FRANCE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI
1600 MIAMI CENTER
100 CHOPIN PLAZA
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **C**
NAME **RAMBAUD, M. GUSTAVE**
STREET ADDRESS **4 RUE MEYERBEER**
CITY - ST - ZIP **PARIS, FRANCE**

1.1 TITLE **PDG**
1.2 NAME **ABELLI, Alberto**
1.3 STREET ADDRESS **4 RUE MEYERBEER**
1.4 CITY - ST - ZIP **PARIS, FRANCE**

☐ Change ☐ Addition

TITLE **P**
NAME **MEUCCI, ENRICO**
STREET ADDRESS **4 RUE MEYERBEER**
CITY - ST - ZIP **PARIS, FRANCE**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **1EV**
NAME **BISOGNI, ADRIANO**
STREET ADDRESS **4 RUE MEYERBEER**
CITY - ST - ZIP **PARIS, FRANCE**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **EVP**
NAME **DE VILLEMANDY, PATRICK**
STREET ADDRESS **4 RUE MEYERBEER**
CITY - ST - ZIP **PARIS, FRANCE**

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

☐ Change ☐ Addition

TITLE **DEV**
NAME **DALL'O, FAUSTO**
STREET ADDRESS **4 RUE MEYERBEER**
CITY - ST - ZIP **PARIS, FRANCE**

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

☐ Change ☐ Addition

TITLE **DEV**
NAME **PENNACCHIO, COSTANTE**
STREET ADDRESS **4 RUE MEYERBEER**
CITY - ST - ZIP **PARIS, FRANCE**

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

☐ Change ☐ Addition

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct to the best of my knowledge and belief, and that my name appears in Block 12 or Block 13 if changed for on an attachment with an address.

SIGNATURE:

Claudio Bertucci

**CLAUDIO BERTUCCELLI
VICE PRESIDENT & COMPTROLLER**

(305) 372-2249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Daytime Phone #)