

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **851782** (3)
1. Corporation Name
BANQUE SUDAMERIS



Principal Place of Business 4 RUE MEYERBEER B P 251-09 75429 PARIS CEDEX 09 PARIS, FRANCE	Mailing Address 4 RUE MEYERBEER B P 251-09 75429 PARIS CEDEX 09 PARIS, FRANCE
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/05/1982	3a. Date of Last Report 02/02/1996
				4. FEI Number 98-0050925	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 1600 MIAMI CENTER 100 CHOPIN PLAZA 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VC	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAMBAUD, M. GUSTAVE			1.2 NAME			
STREET ADDRESS	4 RUE MEYERBEER			1.3 STREET ADDRESS			
CITY-ST-ZIP	PARIS, FRANCE			1.4 CITY-ST-ZIP			
TITLE	CEO	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MEUCCI, ENRICO			2.2 NAME			
STREET ADDRESS	4 RUE MEYERBEER			2.3 STREET ADDRESS			
CITY-ST-ZIP	PARIS, FRANCE			2.4 CITY-ST-ZIP			
TITLE	CEO	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BISOONI, ADRIANO			3.2 NAME			
STREET ADDRESS	4 RUE MEYERBEER			3.3 STREET ADDRESS			
CITY-ST-ZIP	PARIS, FRANCE			3.4 CITY-ST-ZIP			
TITLE	EVP	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DE VILLEMANDY, PATRICK			4.2 NAME			
STREET ADDRESS	4 RUE MEYERBEER			4.3 STREET ADDRESS			
CITY-ST-ZIP	PARIS, FRANCE			4.4 CITY-ST-ZIP			
TITLE	EVP	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANNI, A			5.2 NAME			
STREET ADDRESS	4 RUE MEYERBEER			5.3 STREET ADDRESS			
CITY-ST-ZIP	PARIS, FRANCE			5.4 CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABELLI, ALBERTO			6.2 NAME			
STREET ADDRESS	4 RUE MEYERBEER			6.3 STREET ADDRESS			
CITY-ST-ZIP	PARIS, FRANCE			6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: _____ PRESIDENT/DEPUTY MANAGER

CR2E034 (4/97)