

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 851782

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

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90022 012 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1982

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

701 Brickell Avenue

Suite, Apt. #, etc.

27

9th Floor

City & State

28

Miami, Florida

Zip

Country

29

33131

30

USA

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ 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

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 VC ☐ DELETE
NAME RAMBAUD, M. GUSTAVE
STREET ADDRESS 4 RUE MEYERBEER
CITY-ST-ZIP PARIS, FRANCE

TITLE CEO ☐ DELETE
NAME MEUCCI, ENRICO
STREET ADDRESS 4 RUE MEYERBEER
CITY-ST-ZIP PARIS, FRANCE

TITLE FCOO ☐ DELETE
NAME BISOGNI, ADRIANO
STREET ADDRESS 4 RUE MEYERBEER
CITY-ST-ZIP PARIS, FRANCE

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

TITLE EVP ☐ DELETE
NAME LANNI, A
STREET ADDRESS 4 RUE MEYERBEER
CITY-ST-ZIP PARIS, FRANCE

TITLE C ☐ DELETE
NAME ABELLI, ALBERTO
STREET ADDRESS 4 RUE MEYERBEER
CITY-ST-ZIP PARIS, FRANCE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE First Officer ☐ Change ☒ Addition
1.2 NAME Natale, Mario
1.3 STREET ADDRESS 701 Brickell Ave., 9th Floor
1.4 CITY-ST-ZIP Miami, Florida 33131

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

3.1 TITLE FIRST EXECUTIVE ☒ Change ☐ Addition
3.2 NAME VICE PRESIDENT AND CHIEF
3.3 STREET ADDRESS OPERATING OFFICER.
3.4 CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99
Date

(305) 372 22 49
Daytime Phone #

CR2F034 (11/98)

0000065