

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90022 024 ***150.00

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01132005 Chg-P CR2E034 (10/03)

DOCUMENT # 851782 1. Entity Name BANQUE SUDAMERIS					
Principal Place of Business 4 RUE MEYERBEER B P 251-09 PARIS CEDEX 09, FR 75429			Mailing Address 701 BRICKELL AVENUE 9TH FLOOR MIAMI, FL 33131		
2. Principal Place of Business <i>Banque Sudameris - Controle de direction</i> Suite, Apt. #, etc. 23 RUE LINDIS		3. Mailing Address Suite, Apt. #, etc.			
City & State 75725 - Paris Cedex 15		City & State		4. FEI Number 98-0050925	
Zip 75725		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 1600 MIAMI CENTER 100 CHOPIN PLAZA MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MONTEZEMOTO, ALBERTO D 701 BRICKELL AVE 9TH FL MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DG BACIS, EDOARDO 4 RUE MEYER BEER PARIS, FR	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUZZONATO, GIORGIO 701 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DGA DUFAY, A 4 RUE MEYERBEER PARIS, FR	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DGA DUFAY, A 4 RUE MEYERBEER PARIS, FR	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DGA DUFAY, A 4 RUE MEYERBEER PARIS, FR	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DGA DUFAY, A 4 RUE MEYERBEER PARIS, FR	<input type="checkbox"/> Delete			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					