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 JAN 19 AM 10:17

DOCUMENT # **854166** **(6)**

1. Corporation Name
BANCO ESPANOL DE CREDITO, S.A.

Principal Place of Business	Mailing Address
701 BRICKELL AVE. SUITE 3200 MIAMI FL 33131	701 BRICKELL AVE. SUITE 3200 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/27/1982
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business
21: 848 Brickell Ave.
22 Suite, Apt. #, etc.: 615
23 City & State: Miami,Florida
24 Zip: 33131
25 Country:

2a. Mailing Address
26: 848 Brickell Ave.
27 Suite, Apt. #, etc.: 615
28 City & State: Miami,Florida
29 Zip: 33131
30 Country:

4. FEI Number: 66-0394044 ☐ 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

9. Name and Address of Current Registered Agent

WHISENAND, JAMES D
501 BRICKELL KEY DR
SUITE 200
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE		☐ Change ☐ Addition
NAME	SAENZ ABAD, ALFREDO	12 NAME		
STREET ADDRESS	CASTELLANA 7	13 STREET ADDRESS		
CITY-ST-ZIP	MADRID, SPAIN	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	MENENDEZ, VICTOR	22 NAME		
STREET ADDRESS	CASTELLANA 7	23 STREET ADDRESS		
CITY-ST-ZIP	MADRID, SPAIN	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	LOPEZ, EDUARDO	32 NAME		
STREET ADDRESS	701 BRICKELL AVE	33 STREET ADDRESS	848 Brickell Ave.	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Miami Fl	
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	GARNICA, PABLO	42 NAME		
STREET ADDRESS	701 BRICKELL AVE	43 STREET ADDRESS	848 Brickell Ave.	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	Miami Fl	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 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: Eduardo J.Lopez Jan.12/95 305 374-1442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0120513 CP