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

APPROVED AND FILED

95 APR 20 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **855016** **(2)**

1. Corporation Name

BANCO MERCANTIL, S.A.C.A. "COMPANY"

Principal Place of Business	Mailing Address
2199 PONCE DE LEON BLVD CORAL GABLES FL 33134	2199 PONCE DE LEON BLVD CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/20/1982**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-2227533** ☐ 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

CORPORATION COMPANY OF MIAMI
100 CHOPIN PLAZA, 1600 MIAMI CENTER
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	VM	11 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, ALBERTO B.	12 NAME	
STREET ADDRESS	2199 PONCE DE LEON BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	CANAL, EMILIO P.	22 NAME	
STREET ADDRESS	2199 PONCE DE LEON BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	
TITLE	M	31 TITLE	☐ Change ☐ Addition
NAME	SANCHEZ, ANA	32 NAME	
STREET ADDRESS	2199 PONCE DE LEON BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	34 CITY-ST-ZIP	
TITLE	M	41 TITLE	☐ Change ☐ Addition
NAME	RAMIREZ, BERNARDA	42 NAME	
STREET ADDRESS	2199 PONCE DE LEON BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	44 CITY-ST-ZIP	
TITLE	M	51 TITLE	☐ Change ☐ Addition
NAME	SUAREZ, HENRY	52 NAME	
STREET ADDRESS	2199 PONCE DE LEON BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	SALA, ANDRES	62 NAME	
STREET ADDRESS	2199 PONCE DE LEON BLV	63 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	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: _____ **EMILIO P. CANAL** **Vice-President (II-30** **4/7/95** **(305)460-8501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0130672 CP

855016

BANCO MERCANTIL, S.A.C.A.
FEI Number 59-2227533

12. **OFFICERS AND DIRECTORS**

Title:	V
Name:	SALINAS, RAFAEL
Street Address:	2199 PONCE DE LEON BLVD.
City-St-Zip:	CORAL GABLES,FL

Title:	M
Name:	PINO, LETICIA
Street Address:	2199 PONCE DE LEON BLVD.
City-St-Zip:	CORAL GABLES,FL

Title:	M
Name:	POLANCO, CARY
Street Address:	2199 PONCE DE LEON BLVD.
City-St-Zip:	CORAL GABLES,FL