

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

102

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 855016 (2)

1. Corporation Name

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



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

Mailing Address
2199 PONCE DE LEON BLVD
CORAL GABLES FL 33134

3. Date Incorporated or Qualified 12/20/1982	3a. Date of Last Report 04/20/1995
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	

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

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

I, 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 officer or director

Date typed or printed

DATE

12. OFFICERS AND DIRECTORS

TITLE	VM	☐ DELETE
NAME	GONZALEZ, ALBERTO B.	
STREET ADDRESS	2199 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	☐ DELETE
NAME	CANAL, EMILIO P.	
STREET ADDRESS	2199 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	M	☐ DELETE
NAME	SANCHEZ, ANA	
STREET ADDRESS	2199 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	M	☐ DELETE
NAME	RAMIREZ, BERNARDA	
STREET ADDRESS	2199 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	M	☐ DELETE
NAME	SUAREZ, HENRY	
STREET ADDRESS	2199 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	☐ DELETE
NAME	SALA, ANDRES	
STREET ADDRESS	2199 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL	

13.

1. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	☐ Change ☐ Addition
2. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	☐ Change ☐ Addition
3. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	☐ Change ☐ Addition
4. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	☐ Change ☐ Addition
5. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	☐ Change ☐ Addition
6. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	☐ Change ☐ Addition

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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)(k), 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

Alberto B. Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

Date

Daytime Phone #

CR2E034 (12/95)

BANCO MERCANTIL, 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