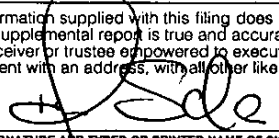


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90368 032 ***158.75

DOCUMENT # 855016 1. Entity Name BANCO MERCANTIL, S.A.C.A. "COMPANY"					
Principal Place of Business 220 ALHAMBRA CIRCLE CORAL GABLES, FL 33134-5255 US			Mailing Address 220 ALHAMBRA CIRCLE CORAL GABLES, FL 33134-5255 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2227533				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				03232006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent TRUJILLO, IVAN E 220 ALHAMBRA CIR MIAMI, FL 33134			7. Name and Address of New Registered Agent Name CTC Management Services, LLC. Street Address (P.O. Box Number is Not Acceptable) 220 Alhambra Circle, 11Th Floor City FL Zip Code 33134		
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  PEDRO R. BARA, Authorized Representative DATE 3-23-2006 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	M GONZALEZ, ALBERTO B. 220 ALHAMBRA CIRCLE CORAL GABLES, FL	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ANDRES, SALA 220 ALHAMBRA CIR MIAMI, FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  ANDRES SALA Date MARCH 31, 2006 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					