


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90311 013 ***158.75

DOCUMENT # F04000005273	
1. Entity Name BBVA BANCOMER SECURITIES INTERNATIONAL, INC.	

Principal Place of Business ONE BISCAYNE TOWER 2 S. BISCAYNE BLVD., #3190 MIAMI, FL 33131	Mailing Address 5057 WESTHEIMER, SUITE 1260 HOUSTON, TX 77056
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 2 SOUTH BISCAYNE BLVD. Suite, Apt. #, etc. 3190
City & State	City & State MIAMI FL
Zip 33131	Country



03032005 Chg-P CR2E034 (10/03)

4. FEI Number 13-3696465	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHACON, HECTOR ONE BISCAYNE TOWER 2 S. BISCAYNE BLVD., #3190 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BANUELOS, HUMBERTO 2 SOUTH BISCAYNE BLVD., #3301 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCP CHACONOS, HECTOR 2 SOUTH BISCAYNE BLVD., #3301 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHACON HECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYOR, JOSE CALY AVDA. DE LA UNIVERSIDAD, 1200, COLONIA XOC CP 03339, MEXICO D.F. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANGEL, ARTURO AVDA. DE LA UNIVERSIDAD, 1200, COLONIA XOC CP 03339, MEXICO D.F. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CATHRINER, WILLIAM 2 SOUTH BISCAYNE BLVD., #3190 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PUENTE, SALVADOR 5057 WESTHEIMER, SUITE 1260 HOUSTON, TX 77056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 SOUTH BISCAYNE BLVD. #3190 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: SALVADOR PUENTE 3-7-05 786-522-2547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #