2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000005125

Entity Name: BANCO LATINOAMERICANO DE EXPORTACIONES S.A. (BLADEX)

FILED Feb 25, 2009 Secretary of State

Current Princi	pal Place of Business:	New Principal Place of Business

50TH ST AND AQUILINO DE LA GUARDIA 1001 BRICKELL BAY DRIVE

PANAMA CITY, PANAMA, SUITE 2410 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

1001 BRICKELL BAY DRIVE 1221 BRICKELL AVENUE

9TH FLOOR SUITE 2410 MIAMI, FL 33131 MIAMI, FL 33131

FEI Number: 13-3505186 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM DULIN, PIERRE SVP 1001 BRICKELL BAY DRIVE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 SUITE 2410

MIAMI, FL 33131 US

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.

SIGNATURE: PIERRE DULIN 02/25/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

DUQUE, GONZALO M DULIN, PIERRE OFFICER Name: Name: P.O.BOX 0819-08730 1001 BRICKELL BAY DRIVE - SUITE 2410 Address: Address:

City-St-Zip: PANAMA CITY, PANAMA, City-St-Zip: MIAMI, FL 33131 US

VD () Delete Title: VD Title:

(X) Change () Addition Name: RIVERA, JAIME Name: RIVERA, JAIME P.O.BOX 0819-08730 P.O.BOX 0819-08730 Address: Address:

PANAMA CITY, PANAMA, OC 00000 OC PANAMA CITY, PANAMA, City-St-Zip: City-St-Zip:

() Delete Title: (X) Change () Addition Title: ARANGO, RICARDO M ARANGO, RICARDO M Name: Name:

P.O.BOX 0819-08730 P O BOX 0819-08730 Address: Address:

City-St-Zip: PANAMA CITY, PANAMA, City-St-Zip: PANAMA CITY, PANAMA, OC 00000 OC

Title: () Delete Title: (X) Change () Addition GRACA FRANCA, MARIA DA , GRACA FRANCA, MARIA DA , Name: Name: Address: P.O.BOX 0819-08730 Address: P.O.BOX 0819-08730

City-St-Zip: City-St-Zip: PANAMA CITY, PANAMA, PANAMA CITY, PANAMA, OC 00000 OC

Title: Title: (X) Change () Addition () Delete

GARCIA, GUILLERMO G, GARCIA, GUILLERMO G, Name: Name: P.O.BOX 0819-08730 Address: P.O.BOX 0819-08730 Address:

PANAMA CITY, PANAMA, OC 00000 OC City-St-Zip: PANAMA CITY, PANAMA, City-St-Zip:

Title: () Delete Title: (X) Change () Addition

MALDONADO, SANTIAGO P., DUQUE, GONZALO M, Name: Name: P.O.BOX 0819-08730 P.O. BOX 0819-08730 Address: Address:

City-St-Zip: PANAMA CITY, PANAMA. City-St-Zip: PANAMA CITY, PANAMA, OC 00000 OC

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PIERRE DULIN SVP 02/25/2009

Electronic Signature of Signing Officer or Director

Date