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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 4:17

DOCUMENT # F93000001448 (0)

1. Corporation Name
BANCO DE SABADELL, S.A.

Principal Place of Business	Mailing Address
801 BRICKELL AVE S1400 MIAMI FL 33131 US	801 BRICKELL AVE S1400 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/24/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 65-0274511 ☐ 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

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FRANCES, JOAQUIM
801 BRICKELL AVENUE
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	C	1.1 TITLE	☐ Change ☐ Addition
NAME	VILA, JUAN C	1.2 NAME	
STREET ADDRESS	C/ VALERO 9	1.3 STREET ADDRESS	
CITY-ST-ZIP	BARCELONA 08021, SPAIN	1.4 CITY-ST-ZIP	
TITLE	VC	2.1 TITLE	☐ Change ☐ Addition
NAME	BRUTAU, BUENAVENTURA G	2.2 NAME	
STREET ADDRESS	C/ BOSH I GIMPERA 35	2.3 STREET ADDRESS	
CITY-ST-ZIP	BARCELONA 08034, SPAIN	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ROVIRA, MIGUEL B	3.2 NAME	
STREET ADDRESS	PL CATALUNA, 1 P O BOX 1 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	08201 SABADELL, SPAIN	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	CREUS, JOSE O	4.2 NAME	
STREET ADDRESS	RIERA COMO CLARA 15 BIS	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALELLA 08328, SPAIN	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	MARISTANY, JUAN MANUEL D	5.2 NAME	
STREET ADDRESS	PLAZA CATALUNA 1	5.3 STREET ADDRESS	
CITY-ST-ZIP	SABADELL 08201, SPAIN	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	MOMPART, ESTEBAN M. N	6.2 NAME	
STREET ADDRESS	C/ JOVELLANOS 30	6.3 STREET ADDRESS	
CITY-ST-ZIP	SABADELL 08201, SPAIN	6.4 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: [signature] CARLOS A. ARICAND - VICE PRESIDENT (305) 350 12 00
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0131167 CP