

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
03/24/1993

3a. Date of Last Report
01/26/1995

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

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANCES, JOAQUIM
801 BRICKELL AVENUE
MIAMI FL 33131

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

Signature of Registered Agent

Signature of President or Secretary

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME VILA, JUAN C
STREET ADDRESS C/ VALERO 9
CITY-ST-ZIP BARCELONA 08021, SPAIN

DELETE

TITLE VC
NAME BRUTAU, BUENAVENTURA G
STREET ADDRESS C/ BOSH I GIMPERA 35
CITY-ST-ZIP BARCELONA 08034, SPAIN

DELETE

TITLE D
NAME ROVIRA, MIGUEL B
STREET ADDRESS PL. CATALUNA, 1 P O BOX 1 N/A
CITY-ST-ZIP 08201 SABADELL, SPAIN

DELETE

TITLE P
NAME CREUS, JOSE O
STREET ADDRESS RIERA COMO CLARA 15 BIS
CITY-ST-ZIP ALELLA 08328, SPAIN

DELETE

TITLE V
NAME MARISTANY, JUAN MANUEL D
STREET ADDRESS PLAZA CATALUNA 1
CITY-ST-ZIP SABADELL 08201, SPAIN

DELETE

TITLE S
NAME MOMPART, ESTEBAN M. N
STREET ADDRESS C/ JOVELLANOS 30
CITY-ST-ZIP SABADELL 08201, SPAIN

DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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)(g), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature below has 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Original Filed

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