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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 33131-2951 US

3. Date Incorporated or Qualified: 03/24/1993
3a. Date of Last Report: 06/21/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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 Section s 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: (Type or print name of the registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C ☐ DELETE	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 ☐ DELETE	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 ☐ DELETE	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 ☐ DELETE	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 ☐ DELETE	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 ☐ DELETE	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	

CR2E034 (9/96)

14. I do 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 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: J. FONT / V.P. 3/26/97 350-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0170328