SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT

[redacted]

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

94-00AB

FILED
00 MAR -2 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1

DOCUMENT # F93000001448 (0)

1. Corporation Name

BANCO DE SABADELL, S.A.

Mailing Address / Principal Place of Business

NEW ADDRESS/NUEVA DIRECCION
BANCO SABADELL
MIAMI AGENCY

21 701 BRICKELL AVE., SUITE 2650
MIAMI, FLORIDA 33131
22 TEL. (305) 350-1200
FAX (305) 350-1215

Enter through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3/24/1993
3a. Date of Last Report:
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip / Country
29 / 30

23 City & State
24 Zip / 25 Country

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, 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. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	C	1.1 TITLE	V
1.2 NAME	VILA, JUAN C	1.2 NAME	TOMAS CASANAS GUAL
1.3 STREET ADDRESS	C/VALERO 9	1.3 STREET ADDRESS	HORTA NOVELLA 18
1.4 CITY-ST-ZIP	BARCELONA 08021, SPAIN	1.4 CITY-ST-ZIP	SABADELL (BARCELONA) SPAIN
2.1 TITLE	VC	2.1 TITLE	V
2.2 NAME	BRUTAU, BUENAVENTURA G	2.2 NAME	JUAN LLONCH ANDREU
2.3 STREET ADDRESS	C/BOSCH I GIMPERA 35	2.3 STREET ADDRESS	BERTAN 8185
2.4 CITY-ST-ZIP	BARCELONA 08034, SPAIN	2.4 CITY-ST-ZIP	BARCELONA SPAIN
3.1 TITLE	D	3.1 TITLE	V
3.2 NAME	CREUS, JOSE O	3.2 NAME	FRANCESC CASAS SELVAS
3.3 STREET ADDRESS	RIERA COMO CLARA 15 BIS	3.3 STREET ADDRESS	CREUETA 62-2º
3.4 CITY-ST-ZIP	AVELLA 08328, SPAIN	3.4 CITY-ST-ZIP	SABADELL (BARCELONA) SPAIN
4.1 TITLE	V	4.1 TITLE	900003171909--0
4.2 NAME	MARISTANY, JUAN MANUEL D	4.2 NAME	-03/16/00--01012--003
4.3 STREET ADDRESS	PLAZA CATALUNA 1	4.3 STREET ADDRESS	****150.00 ****150.00
4.4 CITY-ST-ZIP	SABADELL 08021, SPAIN	4.4 CITY-ST-ZIP	
5.1 TITLE	D	5.1 TITLE	900003171909--0
5.2 NAME	ROVIRA, MIGUEL B	5.2 NAME	-03/16/00--01012--004
5.3 STREET ADDRESS	PL CATALUNA 1, P.O. BOX 1 N/A	5.3 STREET ADDRESS	****150.00 ****150.00
5.4 CITY-ST-ZIP	08021 SABADELL, SPAIN	5.4 CITY-ST-ZIP	
6.1 TITLE	S	6.1 TITLE	
6.2 NAME	MOMPART, ESTEBAN M.N	6.2 NAME	
6.3 STREET ADDRESS	C/JOVELLANOS 30	6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	SABADELL 08201, SPAIN	6.4 CITY-ST-ZIP	KE

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)(k), 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DIONISIO F. NESPRAL 2/29/00 (305) 3501200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

701 Brickell Avenue, Suite 1750
Miami, Florida 33131

Tel.: (305) 350-1200
Fax (305) 350-1215

Swift: BSABUS3X

Banco Sabadell

March 1, 2000

FLORIDA DEPARMENT OF STATE
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Document # F93000001448 (0) Banco de Sabadell, S.A. FEI #65-0274511

Gentlemen,

Please find enclosed two checks in the amount of $150.00 each, representing payment for the Corporation Annual Report for the years 1999 and 2000 for the captioned company.

We have always made our payments on time (photocopies enclosed for your perusal), however, it seems that since we moved on December 9, 1997 to our actual premises located at 701 Brickell Avenue, Suite 1750, Miami, FL 33131 we did not receive your payment notice for the year 1999, neither any of any future notice you may have sent to our old address at 801 Brickell Avenue, Suite 1400, Miami, FL 33131.

In view of the aforementioned, please accept our enclosed checks covering payments for the year 1999 and current year 2000, bringing us up to date.

Shall there be any questions, please do not hesitate in contacting undersigned. We await your prompt reply and remain,

Very truly yours,

Dionisio Fernandez-Nespral
Operations Manager

Enclosures