2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
04-11-2002 90094 044 ***158.75

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DOCUMENT # F93000001448

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

Principal Place of Business	Mailing Address
701 BRICKELL AVE SUITE 2650 MIAMI FL 33131 US	701 BRICKELL AVE SUITE 2650 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0274511 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERNANDEZ-NESPRAL, DIONISIO 701 BRICKELL AVENUE, SUITE 2650 MIAMI FL 33131	Name FRANCESC NOGUERA Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Ave. suite 2650 City MIAMI FL **FL** Zip Code 33131

8. 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 _____ 03/15/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C VILA, JUAN C C/ VALERO 9 BARCELONA 08021, SPAIN	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OLIU I CREUS, JOSEP RIERA COMO CLARA 15 BIS AVELLA 08328, SPAIN	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC BRUTAU, BUENAVENTURA G C/ BOSH I GIMPERA 35 BARCELONA 08034, SPAIN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CREUS, JOSE O RIERA COMO CLARA 15 BIS AVELLA 08328, SPAIN	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LLONCH I ANDREU, JOAN BERTRAN 8185 C CUARTO 1ERA 08023 BARCELONA, SPAIN	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MARISTANY, JUAN MANUEL D PLAZA CATALUNA 1 SABADELL 08021, SPAIN	Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROVIRA, MIGUEL B PL CATALUNA 1, P.O. BOX 1 08021 SABADELL, SPAIN	Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MOMPART, ESTEBAN M.N C/ JOVELLANOS 30 SABADELL 08201, SPAIN	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COSTA, MIGUEL 1035 CATALONIA AVE CORAL GABLES, FL 33134	☐ Change ☑ Addition

CR2E034 (9/01)

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ MIGUEL COSTA 3/15/2002 (305)350-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #