

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 21, 2004 8:00 am
Secretary of State

09-21-2004 90002 002 ***558.75

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



Principal Place of Business
**701 BRICKELL AVE
SUITE 2650
MIAMI, FL 33131 US**

Mailing Address
**701 BRICKELL AVE
SUITE 2650
MIAMI, FL 33131 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0274511

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**NOGUERA, FRANCES C
701 BRICKELL AVENUE, SUITE 2650
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
NAME **OLIU I CREUS, JOSEP**
STREET ADDRESS **RIERACOMO CLARA 15 B**
CITY-ST-ZIP **AVELLA, SPAIN, 08328**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **M** ☐ Change ☒ Addition
NAME **NIN GENOVA, JUAN M**
STREET ADDRESS **PLAZA CATALUNYA 1**
CITY-ST-ZIP **SABADELL, SPAIN, 08021**

TITLE **D** ☒ Delete
NAME **LLONCH I ANDREU, JOAN**
STREET ADDRESS **BERTRAN 8185 C CUARTO**
CITY-ST-ZIP **BARCELONA, SPAIN, 08023**

TITLE **M** ☐ Change ☒ Addition
NAME **PERMANYER CUNILLERA, JOSE**
STREET ADDRESS **PLAZA CATALUNYA 1**
CITY-ST-ZIP **SABADELL, SPAIN 08021**

TITLE **V** ☒ Delete
NAME **MARISTANY, JUAN MANUEL D**
STREET ADDRESS **PLAZA CATALUNA 1**
CITY-ST-ZIP **SABADELL 08021, SPAIN,**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **ROVIRA, MIGUEL B**
STREET ADDRESS **PL CATALUNA 1, P.O. BOX 1**
CITY-ST-ZIP **08021 SABADELL, SPAIN,**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **COSTA, MIGUEL**
STREET ADDRESS **1035 CATALONIA AVE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIGUEL COSTA

3/16/04

Date

305 3501200

Daytime Phone #