2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Sep 11, 2003 8:00 am Secretary of State F93000001448 DOCUMENT # 09-11-2003 90084 007 ***158.75 1. Entity Name BANCO DE SABADELL, S.A. Principal Place of Business Mailing Address 701 BRICKELL AVE 701 BRICKELL AVE **SUITE 2650 SUITE 2650** MIAMI FL 33131 MIAMI FL 33131 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 65-0274511 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NOGUERA, FRANCES C Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE, SUITE 2650 **MIAMI FL 33131** City 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE NAME OLIU I CREUS, JOSEP NAME STREET ADDRESS **RIERACOMO CLARA 15 B** STREET ADDRESS CITY-ST-ZIP **AVELLA, SPAIN 08328** CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME Brutau. Buenaventura G STREET ADDRESS STREET ADDRESS C/ BOSH I GIMPERA 35 CITY-ST-ZIP CITY-ST-7IP BARCELONA 08034, SPAIN TITLE ☐ Delete TITLE Change Addition NAME LLONCH I ANDREU, JOAN NAME STREET ADDRESS BERTRAN 8185 C CUARTO STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BARCELONA, SPAIN 08023 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MARISTANY, JUAN MANUEL D NAME STREET ADDRESS PLAZA CATALUNA 1 STREET ADDRESS CITY-ST-ZIP SABADELL 08021, SPAIN CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME ROVIRA, MIGUEL B NAME STREET ADDRESS PL CATALUNA 1, P.O. BOX 1 STREET ADDRESS CITY-ST-ZIP 08021 SABADELL, SPAIN CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE COSTA, MIGUEL NAME NAME

12. I hereby certify that the information supplied with this filling 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 attack the improvement.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

1035 CATALONIA AVE

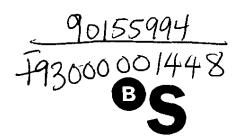
CORAL GABLES FL 33134

9/5/03 305-350-1200

FILED

Affachment

701 Brickell Avenue, Suite 2650 Miami, Florida 33131 Tel.: (305) 350-1200 Fax (305) 350-1215 Swift: BSABUS3X



BancoSabadell

August 21, 2003

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

To whom it may concern:

This letter is to inform you that our institution did not receive the first notice prior to the final notice (see attached); therefore, we are requesting you to waive the \$400.00 late fee.

Thank you in advance for your assistance. Should you need additional information, please do not hesitate to contact me at (305) 350-1200.

Sincerely

Miguel Costa QEO of the Americas

Attachment