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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Jul 09 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # F9500003113 (6)

BANCO BANDEIRANTES, S.A.

Principal Plac	ce of Business	Mailing Address		I BODILOG ALIA FOLDE BAHAR ODLER BORRA	08/1/ 08/1/ 88/10 11/01 1100/ 1/000 1111 184/
2 S. BISCAYNE BLVD. 2 S. BISCAYNE BLVD. STE 2680 STE 2680 MIAMI FL 33131 MIAMI FL 33131 OC OC				DO NOT WRI	TE IN THIS SPACE
00		00		06/27/1995	,
2. Principa! F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26			13-3122045	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	
23 Zip	Country		Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation owes or has a Personal Property Tax due Jui	. – . – .
 	g, Name and Address of Currer		1301	10. Name and Address of New I	
VAZQUEZ-BELLO, CLEMENTE L ESQ.			81 Name		· · · · · · · · · · · · · · · · · · ·
2 S. BÍSCAYNE BLVD.			82 Street	Address (P.O. Box Number is Not Accept	able)
STE 2680			LL		
MIAMI FL 33131			83		
			B4 City		B5 Zip Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statu	tes the above name	d corporation submits this statement for the	FL 33 2.5 Gode
onice or i	registered agent, or both, in the State am f ami liar with, and accept the oblig	of Horida, Such change was	authorized by the cor	poration's board of directors. Fhereby acc	ept the appointment as registered
_	ял тантшаг мил, ачо ассорц гов осорд	auons di, Secuori bur ubub, Fi	onda Statutes.		
SIGNATURE	Stgnature, typical or printed harne of rogistered agr	nt and fille if applicable (NO)	F. Registered Agent signatur	e required when reinstating)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	OP	DE LETE	1.1 TITLE	D	Change Maddition
NAME	DE ANDRADE FARIA, GILBER		1.2 NAME	GUIMARÃES - NETO, RUA BOA VISTA, 16	FAUSTO VAZ
STREET ADDRESS	RUA BOA VISTA, 162; SAO F S.P. 01014, BRAZIL	AULU	1.3 STREET ADDRESS	S.P. 01014, BRAZI	12; SAO PAULO
CITY-ST-ZIP TITLE	OCEO	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	S.P. UIVI4, BRAZI	Change Addition
NAME	MACHADO, GERALDO	Control of	2.2 NAME		C Onlarige C Addition
STREET ADDRESS	RUA BOA VISTA, 162; SAO F	PAULÖ	2.3 STREET ADDRESS		
CITY-ST-ZIP	S.P. 01014, BRAZIL		2.4 CITY-S1-ZIP		
TITLE	Ď	DELETE	3.1 TITLE		Change Addition
NAME	FORBES, CHARLES A		3.2 NAME		
STREET ADDRESS	RUA BOA VISTA, 162; SAO P	PAULO	3.3 STREET ADDRESS		
CITY-ST-ZIP	S.P. 01014, BRAZIL		3.4. CITY - ST - ZIP		
TITLE	D BADTELS DICADDO I	DELETE	4.1 THTE		Change Addition
NAME CTREET ADDRESS	BARTELS, RICARDO J	MILO	4. 2 NAME		
STREET ADDRESS	RUA BOA VISTA, 162; SAO P S.P. 01014, BRAZIL	MULU	4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	S. S	DELFTE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME	PEREIRA, NEWTON G	the second	5.2 NAME		E Shango E Radillon
STREET ADDRESS	RUA BOA VISTA, 162; SAO P	AULO	5.3 STREET ADDRESS		
CITY-ST-ZIP	S.P. 01014, BRAZIL	· -	5.4 CITY - ST - ZIP		
TITLE	T	DELETE	G.1 TITLE		Change Addition
NAME	CARVAHAL GOMES, MANOEL		6.2 NAMF		
STREET ADDRESS	RUA BOA VISTA, 182; SAO P	AULÞ	6.4 STREET ADDRESS		
CITY-ST-ZIP	S.P. 01014, BRAZIL		4 CITY-ST-ZIP		
 I hereby certify that the information supplied with the viling does not qualify for the indicated on this annual report or supplemental annual report is true and accurate 			or the exemption state curate and that my sid	ed in Section 119.07(3)(i), Florida Statutes. anature shall have the same legal effect as	I further certify that the information if made under oath; that I am an
indicated on this annual report or supplemental angular report is true and accurat officer or director of the corporation or the receiver of trustey empowered to execute Block 12 or Block 13 if changed, or on an attachment with in address.			execute this report a	s required by Chapter 607, Florida Statutes	s; and that my name appears in