Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90027 017 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500003113

1. Corporation Name

BANCO BANDEIRANTES, S.A.

Principal Place of Business Mailing Address					à lanilan itin làini ailti abiti anti anti barit deine trèt 11841 tran
2 S. BISCAYNE BLVD. 2 S. BISCAYNE BLVD.					
STE 2680	DEVO.	STE 2680			'
MIAMI FL 33131		MIAMI FL 33131			DO NOT WRITE IN THIS SPACE
oc		00			3. Date Incorporated or Qualifed
					06/27/1995
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21	·	26			13-3122045 Not Applicable
Suite, Apt.	Suite, Apt. #, etc.	apt. #, etc.		5. Certificate of Status Desired 5. Sertificate Of Status Desired 5. Ser	
22		27			5. Certificate of Status Desired Fee Required
City & State	•	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current year Intangible
24		29 30	0		Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
			81	Name	ne '.
VAZQUEZ-BELLO, CLEMENTE L ESQ.			82	Stree	et Address (P.O. Box Number is Not Acceptable)
	BISCAYNE BLVD.	1		0	
	2680 ·		83	-	
MIAN	N FL 33131		<u> </u>	<u> </u>	Let 7: Out
			84	City	FL 85 Zip Code
44 Dusquet to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above-parred 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, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg				nt signatur	re required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE }	D	☐ DELETE	1.1 TITLE		P Change Addition
NAME	GUIMARAES-NETO, FAUSTO VA		1.2 NAME		TRAGUELHO, CARLOS PRIETO
STREET ADDRESS	RUA BOA VISTA, 162 SAO PAU	LO	1.3 STREE	TADDRES	[1(011 D011 V1D111, 102
CITY-ST-ZIP	SP 01014 BR		1.4 CITY-	ST-ZIP	SAO PAULO SP 01014 BRAZIL
TITLE	D	☐ DELETE	2.1 TITLE		V ☐ Change Addition
NAME	BARTELS, RICARDO J		2.2 NAME		ALMEIDA PORTO, ANTONIO M S
STREET ADDRESS	RUA BOA VISTA, 162; SAO PAU	ILO	2.3 STREE	TADORES	
CITY-ST-Z#P	S.P. 01014, BRAZIL		2.4 CITY-	ST-ZIP	SAO PAULO, SP 01014 BRAZIL
TITLE	S	DELETE.	3.1 TITLE		I I Change DecAddition I
NAME	PEREIRA, NEWTON G	•	3.2 NAME		S PALADINI, ROBERTO L
STREET ADDRESS	RUA BOA VISTA, 162; SAO PAU	n O		T ADDRES	· · · · · · · · · · · · · · · · · · ·
	S.P. 01014, BRAZIL		3.4. CITY-		280 PARK AVENUE, 38th Fl NEW YORK, NY 10017 USA
TITLE	O. O. O. IO. IT, DIVICIL	☐ DELETE	4.1 TITLE		Change Maddition (
NAME			4. 2 NAME		MORAES, ANTONIO GERALDO T
			j .	TADDRES	
STREET ADDRESS	-				Ron Don Vibin, 102
CITY+ST-ZIP		☐ DELETE	4.4 CITY-1	21-4IP	SAO PAULO SP 01014 BRAZIL
TITLE	•		5.2 NAME		, ,
NAME			1	T ADDRES	SIMMONDS, THOMAS PETER
STREET ADDRESS					Kon Don Vibin, 102
CITY-ST-ZIP,		□ pri ftr	5.4 CITY -: 6.1 TITLE		SAO PAULO SP 01014 BRAZIL
TITLE 32	in property.	☐ DELETE			- · ••
	The state of the s		6.2 NAME		TOSTA DE SA, THOMAS
	Proceed to the sealing to the	A		T ADDRES	S RUA BOA VISTA, 162
			C 4 OFFICE	77 700	

14. I hereby certify that the information substed 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 annual report or supplymental 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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or only in attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

GUIMARAES NETO