FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P11050** **(2)**

1. Corporation Name

BANCO PORTUGUES DO ATLANTICO, S.A. INC.

Principal Place of Business

MIAMI AGENCY
201 S. BISCAYNE BLVD.. 19TH FL.
MIAMI FL 33131

Mailing Address

MIAMI AGENCY
201 S. BISCAYNE BLVD.. 19TH FL.
MIAMI FL 33131

3. Date Incorporated or Qualified: **08/06/1986**

3a. Date of Last Report: **10/02/1995**

2. Principal Place of Business
21

Suite, Apt. #, etc
22

City & State
23

Zip 24 Country 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 Country 30

4. FEI Number: **13-2947767** Applied For ☐ Not Applicable ☐

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HAM, STEPHEN B
C/O BCO. PORTUGUES DO ATLANTICO
201 S. BISCAYNE BLVD, SUITE 1900
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: VIGGIANO, JOHN F.

82 Street Address (P.O. Box Number is Not Acceptable): c/o Bco. Portugues do Atlantico

83: 201 S' Biscayne Blvd.,Suite 1900

84 City: Miami, Fl. 33131 FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named 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 of corporate officer or registered agent — Printed or typed name of signer — DATE

12. OFFICERS AND DIRECTORS

TITLE	V	☒ DELETE
NAME	HAM, STEPHEN B	
STREET ADDRESS	3990 KIMQUAT AVE.	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	V	☐ DELETE
NAME	TANTILLO, MARIO A	
STREET ADDRESS	435 NORTH AVENUE	
CITY-ST-ZIP	WOODRIDGE NJ	
TITLE	V	☒ DELETE
NAME	FINOCCHIARO, ALFONSO G	
STREET ADDRESS	107 GORDON RD.	
CITY-ST-ZIP	ESSEX FALLS NJ	
TITLE	D	☐ DELETE
NAME	GONCALVES, JORGE M	
STREET ADDRESS	PRACA D. JOAO I	
CITY-ST-ZIP	OPORTO PORTUGAL	
TITLE	D	☐ DELETE
NAME	MONTEIRO, PEDRO L	
STREET ADDRESS	PRACA D. JOAO I	
CITY-ST-ZIP	OPORTO PORTUGAL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	☒ Change ☐ Addition
1.2 NAME	Viggiano, John F.	
1.3 STREET ADDRESS	30 Poplar Ave.	
1.4 CITY-ST-ZIP	Onadell, N.J. 07649	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V	☒ Change ☐ Addition
3.2 NAME	Pedro J. Belo	
3.3 STREET ADDRESS	2 Wall Street	
3.4 CITY-ST-ZIP	New York, N.Y. 10005	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	900001777788	☐ Change ☐ Addition
5.2 NAME	-04/12/96--01012--011	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	4-11-96 SR	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 on an attachment with an address.

SIGNATURE: Waheed Gul (Comptroller) April.05th.1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 305-577-9793

CR2E034 (12/95)