

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90113 012 ***158.75

DOCUMENT # **P11050**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1986

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 owes the current year Intangible
Personal Property Tax.



Yes

☒ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

City & State

23
Zip Country

City & State

28
Zip Country

9. Name and Address of Current Registered Agent

**DECASO, EDWARD
201 S BISCAYNE BLVD.
STE. 1900
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPM** ☐ DELETE
NAME **DECASO, EDWARD**
STREET ADDRESS **411 S.W. 10 ST**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **V** ☐ DELETE
NAME **PEDRO, BELO J**
STREET ADDRESS **2 WALL ST.**
CITY-ST-ZIP **NEW YORK NY 10005**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1900 SUNSET HARBOUR DR. #803**
1.4 CITY-ST-ZIP **MIAMI BEACH FL 33139**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **VPM**
3.3 STREET ADDRESS **JOSE DIAS SILVA**
3.4 CITY-ST-ZIP **445 GRAND BAY DR. #910**
KEY BISCAYNE FL 33149

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99
Date

(305) 539-5491
Daytime Phone #

CR2E034 (1/198)