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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P21218

(3)

BANCO	GENERAL OVERSEAS, INC	,				
Principal Plac	ce of Business	Mailing Address		4 \$84154401   41001   11410   11401   1	OI KOKA OLOH OLOH OKOKA OLOH BION BION FIRAF	
PO BOX 1097  GEORGETOWN, GRAND CAYMAN, C.  PO BOX 1097  GEORGETOWN, GRAND CAYMAN, C.			JAN. C.			
				<ol> <li>Date Incorporated or Qual 10/07/1988</li> </ol>	lified 3a. Date of Last Report 03/08/1996	
<b>2.</b> Princ <sub>'</sub> pal l	Place of Business	2a. Mailing Address		4. FEI Number 65-0189381	Applied For	
21 Suito Ant	# pts	26 Suite Apt # ate	Suite, Apt #, etc.		Not Applicable	
Suite, Apt. #, etc Suite, Apt. #, etc 27				5. Certificate of Status Desire	ed S8.75 Additional Fee Required	
City & State City & State			6. Election Campaign Finance	***************************************		
23		28			Added to Fees	
Zip	Country	Zip	Country	Trust Fund Contribution  8. This corporation has liabile	ty for intangible tax under s. 199.032,	
24	25	29	30	Fiorida Statutes	Yes No	
	9. Name and Address of Curre	nt Registered Agent	5.1	10. Name and Address of No	w Registered Agent	
	A, ALCIDES I.		81 Name			
HOLLAND & KNIGHT			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
701 BRICKELL AVE						
MIAI	MI FL 33131		83			
			84 City		85 Zip Code	
44 Dunescont	to the provisions of Sections 507.05	02 and 607 1509. Elorida State	es the shows named a		r the purpose of changing its registered	
office or	registered agent or both, in the State	e of Florida. Such change was	authorized by the corp	oration's board of directors. I hereby	accept the appointment as registered	
	am tamiliar with, and accept the oblig	gations of, Section 607.0505, FI	orida Statutes.			
SIGNATURE	Signature, typed or printed name of registered as	port a clittle if applicable (NOT	E Registered Agent signature r	aguired when reinstating)	DATE	
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 12	
TITLE	S	DELETE	1.1 TITLE		Change Addition	
NAME	HUMBERT, JUAN RAUL A		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS AVE. A PAITILLA EDIF. MARESIAS			
CHTY - ST - ZIP	PANAMA, PANAMA		1.4 CHTY-ST-ZIP			
TITLE	HIMPERT ENEDERICO ID	☐ DELETE	2.1 TITLE		Change Addition	
NAME	HUMBERT, FREDERICO, JR CALLE 58, OBARRIO		2 2 NAME	CALLE 64 Y AVE.	4 CACA #22	
STREET ADDRESS	PANAMA, PANAMA		***************************************	CALLE 04 1 AVE.	4 CASA #23	
DITY-ST-ZIP TITLE	V	DELETE	2.4 City-St-ZiP	· · · · · · · · · · · · · · · · · · ·	Ohanna Laderia	
	MOTTA, FELIPE, JR	m perete	3.1 TITLE		Change Addition	
NAME STREET ADDRESS	AUCUA DEDARTA EL CARME	N	3.2 NAME 3.3 STREET ADDRESS			
	PANAMA, PANAMA	•	ı i	•		
Title		DELETE	3.4. CHY-ST-ZIP 4.1 TITLE		Change Addition	
NAVE	CARDOZE, FERNANDO	hand v = v = v =	4. 2 NAME			
STREET ADDRESS	ALTOS DEL GOLF, #75		4.3 STREET ADDRESS	and the second		
CITY-ST-ZIP	PANAMA, PANAMA		4.4 CITY-ST-ZIP		ा <del>ग्री</del> तिक रक्षा र प्रशिक्त । १ वर्षा क्षा	
TITLE	D	DELETE	5.1 TITLE	. , , , , , , , , , , , , , , , , , , ,	Change Addition	
NAME	ARIAS, RICARDO A		5.2 NAME			
STREET ADDRESS	CALLE PRIMERA, PAR.LEF.		5.3 STREET ADDRESS			
CITY - ST - ZIP	PANAMA, PANAMA	· · · · · · · · · · · · · · · · · · ·	5.4 CITY - ST - ZIP			
11116	D CHARMAN CHRISTON OF	DELETE	6.1 TITLE		Change Addition	
NAMÉ	CHAPMAN, GUILLERMO III		6.2 NAME			
STREET ADDRESS	CALLE W CHURCHILL PAIT.			CALLE PRIMERA, PA	R.LEF #50	
CITY - \$1 - 7(P	PANAMA, PANAMA		6.4 CITY-ST-ZIP			

14. I do 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.

CHICAGO TO PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FEB. 28,1997

(507)265-0220

**FILED** 

Mar 06 1997 8:00am

Secretary of State