FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:15

DOCUMENT # P25487 (0)

1. Corporation Name
MERRILL LYNCH BANK AND TRUST COMPANY (CAYMAN) LIMITED

Principal Place of Business	Mailing Address
% CORPORATION COMPANY OF MIAMI 1600 MIAMI CENTER, 100 CHOPIN PLAZA MIAMI FL 33131	% CORPORATION COMPANY OF MIAMI 1600 MIAMI CENTER, 100 CHOPIN PLAZA MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/03/1989
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 13-3507716 ☐ 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

CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD
1600 MIAMI CENTER
MIAMI FL 33131-4328

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~COBB~~	1.1 TITLE	D	☐ Change ☒ Addition
NAME	~~GRANADOS, FRANCISCO J~~	1.2 NAME	COOPER, JOHN C.	
STREET ADDRESS	~~701 BRICKELL AVE 10 FL~~	1.3 STREET ADDRESS	701 Brickell Ave 10 FL	
CITY-ST-ZIP	~~MIAMI FL~~	1.4 CITY-ST-ZIP	Miami, FL	
TITLE	D	2.1 TITLE	D	☐ Change ☒ Addition
NAME	JESELNIK, JOHN K	2.2 NAME	GILES, J. MICHAEL	
STREET ADDRESS	701 BRICKELL AVE 10 FL	2.3 STREET ADDRESS	33 CHESTER STREET	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	LONDON, ENGLAND	
TITLE	D	3.1 TITLE	D	☐ Change ☒ Addition
NAME	ORDERS, NEIL	3.2 NAME	HAGAN, PETER C.	
STREET ADDRESS	ATLANTIC HOUSE, CIRCULAR RD	3.3 STREET ADDRESS	33 CHESTER STREET	
CITY-ST-ZIP	DOUGLAS IS	3.4 CITY-ST-ZIP	LONDON, ENGLAND	
TITLE	D	4.1 TITLE	CFO	☐ Change ☒ Addition
NAME	TAN, DENNIS	4.2 NAME	WRIGHT, JOHN	
STREET ADDRESS	2 RAFFLES LINK	4.3 STREET ADDRESS	701 BRICKELL AVE 10 FL	
CITY-ST-ZIP	SINGAPORE HO	4.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	D	5.1 TITLE	S	☐ Change ☒ Addition
NAME	YU, RAYMUNDO A	5.2 NAME	HEALY, ROGER	
STREET ADDRESS	2 RAFFLES LINK	5.3 STREET ADDRESS	P.O. BOX 1164	
CITY-ST-ZIP	SINGAPORE HO	5.4 CITY-ST-ZIP	GRAND CAYMAN, CI	
TITLE	MD8	6.1 TITLE	NOTE: Only deletion is	☐ Change ☐ Addition
NAME	NICHOLSON, JONATHAN S	6.2 NAME	Granados. Rest in 12 remain.	
STREET ADDRESS	PO BOX 1164 N/A	6.3 STREET ADDRESS	Those in 13 are additions. (see 14)	
CITY-ST-ZIP	GRAND CAYMAN CA	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)(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.

SIGNATURE: John C. Cooper 1/26/95 (305) 995-9203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN C. COOPER, DIRECTOR

0427703 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
MERRILL LYNCH BANK AND TRUST COMPANY (CAYMAN) LIMITED

DOCUMENT # P25487 (0)

Mailing Address
% CORPORATION COMPANY OF MIAMI
1600 MIAMI CENTER, 100 CHOPIN PLAZA
MIAMI FL 33131

Principal Place of Business
% CORPORATION COMPANY OF MIAMI
1600 MIAMI CENTER, 100 CHOPIN PLAZA
MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/03/1989
3a. Date of Last Report: 05/01/1993

2. Mailing Address (21)
2a. Principal Place of Business (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 13-3507716 ☐ 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

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

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD
1600 MIAMI CENTER
MIAMI FL 33131-4328

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Registered Agent Accepting Appointment (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	COB/D
12 NAME	COOPER, JOHN C.	12 NAME	GRANADOS, FRANCISCO J.
13 STREET ADDRESS	701 BRICKELL AVE ~~20TH FL~~ 10 FL	13 STREET ADDRESS	701 BRICKELL AVE 10 FL
14 CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI FL
21 TITLE	~~M/D--~~	21 TITLE	D
22 NAME	~~MARRERO, FERMIN P.--~~	22 NAME	JESELNIK, JOHN K.
23 STREET ADDRESS	~~701 BRICKELL AVE 20TH FL--~~	23 STREET ADDRESS	701 BRICKELL AVE 10 FL
24 CITY-ST-ZIP	~~MIAMI FL---~~	24 CITY-ST-ZIP	MIAMI FL
31 TITLE	~~D--~~	31 TITLE	D
32 NAME	~~VENTOSO, ALFONSO I.~~	32 NAME	ORDERS, NEIL
33 STREET ADDRESS	~~101 HUDSON ST----~~	33 STREET ADDRESS	ATLANTIC HOUSE, CIRCULAR ROAD
34 CITY-ST-ZIP	~~JERSEY CITY NJ---~~	34 CITY-ST-ZIP	DOUGLAS, ISLE OF MAN
41 TITLE	D	41 TITLE	D
42 NAME	GILES, J. MICHAEL	42 NAME	TAN, DENNIS
43 STREET ADDRESS	~~25 ROPEMAKER STREET~~ 33 CHESTER STREET	43 STREET ADDRESS	2 RAFFLES LINK
44 CITY-ST-ZIP	LONDON ENGLAND	44 CITY-ST-ZIP	SINGAPORE
51 TITLE	D	51 TITLE	D
52 NAME	HAGAN PETER C	52 NAME	YU, RAYMUNDO A.
53 STREET ADDRESS	~~25 ROPEMAKER STREET~~ 33 CHESTER STREET	53 STREET ADDRESS	2 RAFFLES LINK
54 CITY-ST-ZIP	LONDON ENGLAND	54 CITY-ST-ZIP	SINGAPORE
61 TITLE	M/D/S	61 TITLE	
62 NAME	NICHOLSON JONATHAN S	62 NAME	
63 STREET ADDRESS	PO BOX 1164 N/A	63 STREET ADDRESS	
64 CITY-ST-ZIP	GRAND CAYMAN CA	64 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #