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FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P25487

(0)

1. Corporation Name

MERRILL LYNCH BANK AND TRUST COMPANY (CAYMAN) LI
MITED

Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified

08/03/1989

3a. Date of Last Report

05/01/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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

Signature is typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COOPER, JOHN C.	
STREET ADDRESS	701 BRICKELL AVE. 10 FL	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JESELNIAK, JOHN K	
STREET ADDRESS	701 BRICKELL AVE 10 FL	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ORDERS, NEIL	
STREET ADDRESS	ATLANTIC HOUSE, CIRCULAR RD	
CITY - ST - ZIP	DOUGLAS IS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAN, DENNIS	
STREET ADDRESS	2 RAFFLES LINK	
CITY - ST - ZIP	SINGAPORE HO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YU, RAYMUNDO A	
STREET ADDRESS	2 RAFFLES LINK	
CITY - ST - ZIP	SINGAPORE HO	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	NICHOLSON, JONATHAN S	
STREET ADDRESS	PO BOX 1164 N/A	
CITY - ST - ZIP	GRAND CAYMAN CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-97 305 995 9240

CR2E034 (9/96)