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 MAR 16 AM 10:47

DOCUMENT # P31976 (4)

1. Corporation Name
BANCO SANTA CRUZ S.A.

Principal Place of Business	Mailing Address
801 BRICKELL AVENUE SUITE 1200 MIAMI FL 33131	801 BRICKELL AVENUE SUITE 1200 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/30/1990
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business — 21
2a. Mailing Address — 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: NOT APPLICABLE ☐ 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

VALDES-FAULI, RAUL J., ESQ.
VALDES-FAULI, COBB, PETREY & BISCHOFF
TWO S. BISCAYNE BLVD., SUITE 3400
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 _____ 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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	EGUEZ, LYDERS PAREJA	1.2 NAME	
STREET ADDRESS	CASILLA 865 SANTA CRUZ	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOLIVIA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	PEINADO, OSCAR URENDA	2.2 NAME	
STREET ADDRESS	CASILLA 865 SANTA CRUZ	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOLIVIA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ESCALANTE, ARNALDO S.	3.2 NAME	
STREET ADDRESS	CASILLA 865 SANTA CRUZ	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOLIVIA	3.4 CITY-ST-ZIP	
TITLE	VM	4.1 TITLE	M ☐ Change ☐ Addition
NAME	~~SAAVEDRA, LUIS~~	4.2 NAME	ALVAREZ, ALFONSO
STREET ADDRESS	~~CASILLA 865 SANTA CRUZ~~	4.3 STREET ADDRESS	CASILLA 865, SANTA CRUZ,
CITY-ST-ZIP	~~BOLIVIA~~	4.4 CITY-ST-ZIP	BOLIVIA
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition
NAME	SANCHEZ, ~~JORGE~~ JORGE	5.2 NAME	
STREET ADDRESS	801 BRICKELL AVE, SUITE 1200	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition*
NAME	BALCAZAR, GERMAN CALLAU	6.2 NAME	
STREET ADDRESS	CASILLA 865 SANTA CRUZ	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOLIVIA	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 added by an attachment with an address.

SIGNATURE: _____ 3-6-95 305-371-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0131170 CP