

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P31976 (4)

1. Corporation Name

BANCO SANTA CRUZ S.A.



Principal Place of Business

801 BRICKELL AVENUE
SUITE 1200
MIAMI FL 33131

Mailing Address

801 BRICKELL AVENUE
SUITE 1200
MIAMI FL 33131

3. Date Incorporated or Qualified
11/30/1990

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

4. FEI Number 15-02350-69
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

10. Name and Address of New Registered Agent

VALDES-FAULI, RAUL J., ESQ.
VALDES-FAULI, COBB, PETREY & BISCHOFF
TWO S. BISCAYNE BLVD., SUITE 3400
MIAMI FL 33131

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	P	<input type="checkbox"/> DELETE
NAME	EGUEZ, LYDERS PAREJA	
STREET ADDRESS	CASILLA 865 SANTA CRUZ	
CITY- ST- ZIP	BOLIVA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PEINADO, OSCAR URENDA	
STREET ADDRESS	CASILLA 865 SANTA CRUZ	
CITY- ST- ZIP	BOLIVA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ESCALANTE, ARNALDO S.	
STREET ADDRESS	CASILLA 865 SANTA CRUZ	
CITY- ST- ZIP	BOLIVA	
TITLE	M	<input type="checkbox"/> DELETE
NAME	LAVAREZ, ALFONSO	
STREET ADDRESS	CASILLA 865 SANTA CRUZ	
CITY- ST- ZIP	BOLIVA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SANCHEZ, JORGE	
STREET ADDRESS	801 BRICKELL AVE, SUITE 1200	
CITY- ST- ZIP	MIAMI, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BALCAZAR, GERMAN CALLAU	
STREET ADDRESS	CASILLA 865 SANTA CRUZ	
CITY- ST- ZIP	BOLIVA	

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a change of name or title is being reported with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE SANCHEZ
SENIOR VICE PRESIDENT
A GENERAL MANAGER

Date

Daytime Phone #

3/8/96 (305) 3712266

CR2E034 (12/95)