

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

FILED

Feb 18 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 # 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 33131-4945



3. Date Incorporated or Qualified  
11/30/1990

3a. Date of Last Report  
03/15/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0235069

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

Signature, typed or printed name of registered agent and fee 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 885 SANTA CRUZ	
CITY-ST-ZIP	BOLIMA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PEINADO, OSCAR URENDA	
STREET ADDRESS	CASILLA 885 SANTA CRUZ	
CITY-ST-ZIP	BOLIMA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ESCALANTE, ARNALDO S.	
STREET ADDRESS	CASILLA 885 SANTA CRUZ	
CITY-ST-ZIP	BOLIMA	
TITLE	M	<input type="checkbox"/> DELETE
NAME	LAVAREZ, ALFONSO ALVAREZ	
STREET ADDRESS	CASILLA 885 SANTA CRUZ	
CITY-ST-ZIP	BOLIMA	
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 885 SANTA CRUZ	
CITY-ST-ZIP	BOLIMA	

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 included 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 of the corporation; and that my name appears in Block 12 or Block 13 of this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JORGE SANCHEZ  
SENIOR VICE PRESIDENT  
& GENERAL MANAGER

2011.97 305-3506715  
371-2266

CR2E034 (9/96)