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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90129 048 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P31976

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1990

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

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

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
JAMES MC COLLOM
82 Street Address (P.O. Box Number is Not Acceptable)
801 Brickell Ave. Suite 1200
83 Miami
84 City
85 Zip Code
FL 33131

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.

GENERAL MANAGER

(NOT a Registered Agent signature required when reinstating)

04-20-99

12. OFFICERS AND DIRECTORS

TITLE P
NAME EGUEZ, LYDERS PAREJA
STREET ADDRESS CASILLA 865 SANTA CRUZ
CITY-ST-ZIP BOLIMA ☒ DELETE

TITLE V
NAME PEINADO, OSCAR URENDA
STREET ADDRESS CASILLA 865 SANTA CRUZ
CITY-ST-ZIP BOLIVA ☒ DELETE

TITLE D
NAME ESCALANTE, ARNALDO S.
STREET ADDRESS CASILLA 865 SANTA CRUZ
CITY-ST-ZIP BOLIVA ☒ DELETE

TITLE M
NAME ALVAREZ, ALFONSO
STREET ADDRESS CASILLA 865 SANTA CRUZ
CITY-ST-ZIP BOLIVA ☐ DELETE

TITLE VP
NAME SANCHEZ, JORGE
STREET ADDRESS 801 BRICKELL AVE, SUITE 1200
CITY-ST-ZIP MIAMI, FL ☒ DELETE

TITLE D
NAME BALCAZAR, GERMAN CALLAU
STREET ADDRESS CASILLA 865 SANTA CRUZ
CITY-ST-ZIP BOLIMA ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
ESCAMEZ TORRES, ANTONIO
CASILLA 865 SANTA CRUZ
BOLIVIA ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
JOAN DAVID GRIMA
CASILLA 865, SANTA CRUZ
BOLIVIA ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
REIG ECHEVESTE, ANDRE R.
CASILLA 865, SANTA CRUZ
BOLIVIA ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
TERCEROS BANZER, PABLO
CASILLA 865, SANTA CRUZ
BOLIVIA ☒ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
MANSILLA PENA, CLAUDIO
CASILLA 865, SANTA CRUZ
BOLIVIA ☒ Change ☐ Addition
*See reverse

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
WILLE AMARETTI, HERMAN
CASILLA 865, SANTA CRUZ
BOLIVIA ☒ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 change 1, or on an attachment with an address, with all other life empowered

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERENTE GENERAL

Date

Daytime Phone #

CR2E034 (1/98)