SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P32506** **(8)**

1. Corporation Name

BANCO UNION, S.A.C.A. CORPORATION

Principal Place of Business	Mailing Address
TORRE GROUPO UNION. AVENIDA UNIVERSIDAD ESQUINA EL CHORRO. PISO 21 CARACAS. VENEZUELA	TORRE GROUPO UNION. AVENIDA UNIVERSIDAD ESQUINA EL CHORRO. PISO 21 CARACAS. VENEZUELA

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)

3. Date Incorporated or Qualified: **01/17/1991**
3a. Date of Last Report: **05/18/1995**
4. FEI Number: **13-2828547** ☐ 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

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD
1600 MIAMI CENTER
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 _____ (NOTE: Required if Agent is changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	☐ DELETE	1.1 TITLE	CD	X Change ☐ Addition
NAME	BENACERRAF, S. HENRY		1.2 NAME		
STREET ADDRESS	CALLE ORIENTE. QTA. CHINACO COUNTRY CLUB		1.3 STREET ADDRESS		
CITY-ST-ZIP	CARACAS VE		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	EPD	X Change ☐ Addition
NAME	IGNACIO, SALVATIERRA P.		2.2 NAME		
STREET ADDRESS	7MA. AVDA. CON 1RA. TRANSV. LOS OLIVOS		2.3 STREET ADDRESS		
CITY-ST-ZIP	CARACUS VE		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ZARIKIAN, ESTEBAN		3.2 NAME		
STREET ADDRESS	CALLE VICUNA. QUINTA ZAZUMA. VALLE ARRIBA		3.3 STREET ADDRESS		
CITY-ST-ZIP	CARACAS VE		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FEDERICO, CARMONA P.		4.2 NAME		
STREET ADDRESS	AV. ALTO HATILLO CON C/LA LOMA. QTA. DONA		4.3 STREET ADDRESS		
CITY-ST-ZIP	CARACAS VE		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CURIEL, MORRIS E.		5.2 NAME		
STREET ADDRESS	CALLE ORIENTE, QUINTA I.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CARACAS, VENEZUELA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PUCHADES, LUIS		6.2 NAME		
STREET ADDRESS	CALLE EL EMMPALME. QTA. VILLA MALVA ROSA		6.3 STREET ADDRESS		
CITY-ST-ZIP	CARACAS VE		6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
IGNACIO SALVATIERRA P.