

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

**FILED**  
**Feb 14 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 # P32506 (8)**

**1. Corporation Name**  
**BANCO UNION, S.A.C.A. CORPORATION**



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

<b>3. Date Incorporated or Qualified</b> 01/17/1991	<b>3a. Date of Last Report</b> 07/11/1996
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<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>	<b>4. FEI Number</b> 13-2828547	<b>Applied For</b> Not Applicable
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<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>22</b> City & State	<b>27</b> City & State	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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<b>23</b> Zip	<b>25</b> Country	<b>28</b> Zip	<b>30</b> Country	<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**9. Name and Address of Current Registered Agent**      **10. Name and Address of New Registered Agent**

**CORPORATION COMPANY OF MIAMI**  
**201 S. BISCAYNE BLVD**  
**1600 MIAMI CENTER**  
**MIAMI FL 33131**

<b>81</b> Name	<b>85</b> Zip Code
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
<b>83</b>	
<b>84</b> City	

**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: Registered Agent signature required when re-instating) \_\_\_\_\_ **DATE:** \_\_\_\_\_

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

**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 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 on an attachment with an address.**

**SIGNATURE:** *Ignacio Salvatierra P.* **DATE:** 02/07/97 **DAYTIME PHONE #:** 582/ 501 7033

CR2E034 (9/96)