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

PROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
Apr 20, 1999 8:00 am
Secretary of State
04-20-1999 90021 002 ***150.00

DOCUMENT # P32506

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/17/1991

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 13-2828547 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☒ DELETE	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	BENACERRAF, S. HENRY		1.2 NAME	SALVATIERRA P. IGNACIO	
STREET ADDRESS	CALLE ORIENTE. QTA. CHINACO COUNTRY CLUB		1.3 STREET ADDRESS	7MA. AVDA.CON 1ra.TRANSV.LOS OLIVOS	
CITY-ST-ZIP	CARACAS VE		1.4 CITY-ST-ZIP	QUINTA EL CEDRO. URB. LOS CHORROS CARACAS - VENEZUELA	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA MONTOYA, LUIS		2.2 NAME		
STREET ADDRESS	CALLE AC3 DE CAURIMARE QTA		2.3 STREET ADDRESS		
CITY-ST-ZIP	CARACAS VE		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SALVATIERRA, JOSE		3.2 NAME		
STREET ADDRESS	CALLE LOS JARDINES QTA FORTUNA		3.3 STREET ADDRESS		
CITY-ST-ZIP	CARACAS VE		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ANZOLA, FROILAN		4.2 NAME		
STREET ADDRESS	AV SUR 3 QTA ALELUYA ENTRE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CARACAS VE		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	CURIEL, MORRIS E.		5.2 NAME	MARMOL LUZARDO, RAMON	
STREET ADDRESS	CALLE ORIENTE, QUINTA I.		5.3 STREET ADDRESS	URB. COLINAS DE BELLO MONTE CALLE CAURIMARE CON ICABARU	
CITY-ST-ZIP	CARACAS, VENEZUELA		5.4 CITY-ST-ZIP	EDF. LOS ABUELOS. P.H. CARACAS - VENEZUELA	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ALDAZORO, CARLOS E		6.2 NAME		
STREET ADDRESS	CALLE 63 NO 2 658 URB EL LAGO		6.3 STREET ADDRESS		
CITY-ST-ZIP	MARCAIBO EDO ZULIA VE		6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED APRIL 8, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
IGNACIO SALVATIERRA P.

000051?

CR2E034 (11/98)