

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P33701** (4)

1. Corporation Name

**BANCO BOLIVIANO AMERICANO, S.A.**



Principal Place of Business

Mailing Address

**777 BRICKELL AVENUE  
SUITE 1201  
MIAMI FL 33131**

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SUITE 1201  
MIAMI FL 33131**

3. Date Incorporated or Qualified  
**04/25/1991**

3a. Date of Last Report  
**01/18/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
**NOT APPLICABLE**

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

10. Name and Address of New Registered Agent

**TAMAYO, ROBERT J  
777 BRICKELL AVENUE, SUITE 1201  
MIAMI FL 33131**

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del>SILES DE MAZZI, MARIA I.</del>	
STREET ADDRESS	<del>P.O. BOX 478 N/A</del>	
CITY - ST - ZIP	<del>LA PAZ, BOLIVIA</del>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del>TRAPAGLIA, JORGE</del>	
STREET ADDRESS	<del>P.O. BOX 487 N/A</del>	
CITY - ST - ZIP	<del>LA PAZ</del>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>TAMAYO, ROBERT J</b>	
STREET ADDRESS	<b>777 BRICKELL AVE #1201</b>	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MARMOL, DONATO H.</b>	
STREET ADDRESS	<b>777 BRICKELL AVE #1201</b>	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DAVID BLANCO</b>	
1.3 STREET ADDRESS	<b>P.O. BOX 478 N/A</b>	
1.4 CITY - ST - ZIP	<b>LA PAZ, BOLIVIA</b>	
2.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>RICARDO VARGAS</b>	
2.3 STREET ADDRESS	<b>P.O. BOX 487 N/A</b>	
2.4 CITY - ST - ZIP	<b>LA PAZ, BOLIVIA</b>	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**DONATO H. MARMOL**

**2/29/96 305-350-2181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Minute/Phone #

CR2E034 (12/95)