

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J18236

**Entity Name:** BANCO DO BRASIL AMERICAS

**Current Principal Place of Business:**

2 SOUTH BISCAYNE BOULEVARD  
SUITE 3870  
MIAMI, FL 33131

**Current Mailing Address:**

2 SOUTH BISCAYNE BOULEVARD  
SUITE 3870  
MIAMI, FL 33131 US

**FEI Number:** 59-2680958

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WHYTE, LEONARD R  
2 SOUTH BISCAYNE BOULEVARD  
SUITE 3870  
MIAMI, FL 33131 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PCEO  
Name SEGURA, ANTONIO CASSIO  
Address 2 SOUTH BISCAYNE BOULEVARD  
SUITE 3870  
City-State-Zip: MIAMI FL 33131

Title VPS  
Name WHYTE, LEONARD R  
Address 2 SOUTH BISCAYNE BOULEVARD  
SUITE 3870  
City-State-Zip: MIAMI FL 33131

Title DCH  
Name PROLA SALINAS, JOSE LUIS  
Address 2 SOUTH BISCAYNE BOULEVARD  
SUITE 3870  
City-State-Zip: MIAMI FL 33131

Title D  
Name DE VRIES ASHLEY, DIANE  
Address 2 SOUTH BISCAYNE BOULEVARD  
SUITE 3870  
City-State-Zip: MIAMI FL 33131

Title D  
Name CROWELL, CHARLES WAYNE  
Address 2 SOUTH BISCAYNE BOULEVARD  
SUITE 3870  
City-State-Zip: MIAMI FL 33131

Title D  
Name ROUSSAKIS, EMMANUEL N  
Address 2 SOUTH BISCAYNE BOULEVARD  
SUITE 3870  
City-State-Zip: MIAMI FL 33131

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEONARD R. WHYTE

**VICE PRESIDENT**

**03/04/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date