2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2016
Secretary of State
CC1177646635

DOCUMENT# P05000030147

Entity Name: BANESCO USA

Current Principal Place of Business:

150 ALHAMBRA CIRCLE
SUITE 1000
CORAL GABLES, FL 33134

Current Mailing Address:

150 ALHAMBRA CIRCLE
SUITE 1000
CORAL GABLES, FL 33134 US

FEI Number: 20-2768792

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT CORPORATE SERVICES, INC
355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 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	PRESIDENT, CEO
Name	SALAS, JORGE
Address	150 ALHAMBRA CIRCLE 10TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	EXECUTIVE VICE PRESIDENT-CHIEF LENDING OFFICER
Name	GARCIA, ALINA D
Address	150 ALHAMBRA CIRCLE 10TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	AYALA, RICARDO
Address	150 ALHAMBRA CIRCLE 10TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	EXECUTIVE VICE PRESIDENT, OPERATIONS OFFICER
Name	PINO, LETICIA
Address	150 ALHAMBRA CIRCLE 10TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	EXECUTIVE VICE PRESIDENT, CFO
Name	ESCOTET, MARIA M
Address	150 ALHAMBRA CIRCLE 10TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	PALOMARES, CARLOS
Address	150 ALHAMBRA CIRCLE 10TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	SIGARRETA, AUGUSTO
Address	150 ALHAMBRA CIRCLE 10TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	EXECUTIVE VICE PRESIDENT AND CHIEF CREDIT OFFICER
Name	FERREIRA, LOUIS
Address	150 ALHAMBRA CIRCLE 10TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Continues on page 2

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: MARIA M. ESCOTET EVP/CFO 03/28/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	EXECUTIVE VICE PRESIDENT -CHIEF RISK OFFICER
Name	PRESTAMO, ALBA
Address	150 ALHAMBRA CIRCLE 10TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134