

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000030147

Entity Name: BANESCO USA**Current Principal Place of Business:**150 ALHAMBRA CIRCLE
10TH FLOOR
CORAL GABLES, FL 33134**Current Mailing Address:**150 ALHAMBRA CIRCLE
10TH FLOOR
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

VP//CFO

03/27/2015

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