

2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000030147

Entity Name: BANESCO USA

FILED
Apr 07, 2020
Secretary of State
5389127301CC

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:

INTERAMERICAN CORPORATE SERVICES LLC
2525 PONCE DE LEON BLVD
SUITE 1225
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: ASNARDO GARRO

04/07/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT & CEO	Title	EVP/CHIEF FINANCIAL OFFICER
Name	OLIVA, MARIO	Name	ESCOTET, MARIA M
Address	150 ALHAMBRA CIRCLE SUITE 1000	Address	150 ALHAMBRA CIRCLE SUITE 1000
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	DIRECTOR	Title	EVP/ OPERATIONS OFFICER
Name	PALOMARES, CARLOS	Name	PINO, LETICIA
Address	150 ALHAMBRA CIRCLE SUITE 1000	Address	150 ALHAMBRA CIRCLE SUITE 1000
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	EVP/CHIEF BSA & COMPLIANCE OFFICER	Title	DIRECTOR
Name	PRESTAMO, ALBA	Name	BRIL, ABRAHAM S
Address	150 ALHAMBRA CIRCLE SUITE 1000	Address	150 ALHAMBRA CIRCLE SUITE 1000
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	SVP/HEAD OF INTERNATIONAL	Title	EVP/PUERTO RICO COUNTRY MANAGER
Name	GRAU, LUIS	Name	ABADIA, MARTIZA
Address	150 ALHAMBRA CIRCLE SUITE 1000	Address	150 ALHAMBRA CIRCLE SUITE 1000
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

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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

04/07/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PAREDES, FRANCISCO J
Address 150 ALHAMBRA CIRCLE
SUITE 1000
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name MARCANO, MIGUEL A
Address 150 ALHAMBRA CIRCLE
SUITE 1000
City-State-Zip: CORAL GABLES FL 33134

Title EVP/CHIEF INFORMATION OFFICER
Name VALLE, JULIO A
Address 150 ALHAMBRA CIRCLE
SUITE 1000
City-State-Zip: CORAL GABLES FL 33134

Title SVP/CHIEF RISK OFFICER
Name SCHOEMI, JOHN K
Address 150 ALHAMBRA CIRCLE
SUITE 1000
City-State-Zip: CORAL GABLES FL 33134

Title VP/STRATEGIC PLANNING OFFICER
Name NAVARRO, RAFAEL
Address 150 ALHAMBRA CIRCLE
SUITE 1000
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name ESCOTET, JUAN CARLOS RODRIGUEZ
Address 150 ALHAMBRA CIRCLE
SUITE 1000
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name ESCOTET ALVIAREZ, JUAN CARLOS
Address 150 ALHAMBRA CIRCLE
SUITE 1000
City-State-Zip: CORAL GABLES FL 33134

Title SVP/CHIEF CREDIT OFFICER
Name VOGEL, MICHEL
Address 150 ALHAMBRA CIRCLE
SUITE 1000
City-State-Zip: CORAL GABLES FL 33134

Title VP/HEAD OF CUSTOMER
EXPERIENCE
Name RENGIFO, GUSTAVO
Address 150 ALHAMBRA CIRCLE
SUITE 1000
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name HERNANDEZ, PATRICIA M
Address 150 ALHAMBRA CIRCLE
SUITE 1000
City-State-Zip: CORAL GABLES FL 33134

Title HEAD OF CORPORATE BANKING
Name HIDALGO, NELSON
Address 150 ALHAMBRA CIRCLE
SUITE 1000
City-State-Zip: CORAL GABLES FL 33134