

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **849653** (1)  
1. Corporation Name  
**ABN AMRO BANK N.V.**



Principal Place of Business Mailing Address  
**SOUTHEAST FINANCIAL CENTER**  
**200 SOUTH BISCAYNE BLVD. 22ND FLOOR**  
**MIAMI FL 33131-5311**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country 30 Country

3. Date Incorporated or Qualified **07/08/1981** 3a. Date of Last Report **03/31/1995**  
4. FEI Number **13-5268975** Applied For Not Applicable  
5. Certificate of Status Desired **EX** \$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  
**KOCH, PAUL**  
**13305 SW 106 AVE**  
**MIAMI FL 33176**

10. Name and Address of New Registered Agent  
81 Name **JORGE MOREY**  
82 Street Address (P.O. Box Number is Not Acceptable) **200 S. BISCAYNE BLVD. 22ND. FLOOR**  
83  
84 City **MIAMI, FLORIDA** FL 85 Zip Code **33131**

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]* **JORGE MOREY/SENIOR VICE PRESIDENT** 4/2/96  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KALFF, PJ	
STREET ADDRESS	FOPPINGADREEF 22	
CITY-ST-ZIP	AMSTERDAM ZU	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAN TETS, R.W.F.	
STREET ADDRESS	22 FOPPINGADREEF	
CITY-ST-ZIP	AMSTERDAM ZU	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DRABBE, MJ	
STREET ADDRESS	FOPPINGADREEF 22	
CITY-ST-ZIP	AMSTERDAM ZU	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEBIEVRE, L.D.	
STREET ADDRESS	BACHLAAN 15	
CITY-ST-ZIP	HILVERSUM	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIBOURDOUILLE, DR.S.P.	
STREET ADDRESS	ZWARTEWEG 14	
CITY-ST-ZIP	AERDENHOUT, NETHERLAND	
TITLE	SVM	<input type="checkbox"/> DELETE
NAME	KOCH, PAUL	
STREET ADDRESS	200 S BISCAYNE BLVD, 22ND FL	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SVP
6.3 STREET ADDRESS	JORGE MOREY
6.4 CITY-ST-ZIP	200 S. BISCAYNE BLVD. 22nd. FLOOR MIAMI, FLORIDA 33131

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\*\*\*208.75

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JORGE MOREY/S.V.P.**

3/15/96 (305)416-7777  
Date Daytime Phone #

CR2E034 (12/95)