

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 849653 (1)**  
 1. Corporation Name  
**ABN AMRO BANK N.V.**



Principal Place of Business <b>SOUTHEAST FINANCIAL CENTER                  200 SOUTH BISCAYNE BLVD. 22ND FLOOR                  MIAMI FL 33131-5311</b>	Mailing Address <b>SOUTHEAST FINANCIAL CENTER                  200 SOUTH BISCAYNE BLVD. 22ND FLOOR                  MIAMI FL 33131-5311</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/08/1981**

4. FEI Number <b>13-5268975</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**MOREY, JORGE  
 200 S. BISCAYNE BLVD. 22ND FLOOR  
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name <b>Elna Morales</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>200 S. Biscayne Bld. 22nd Floor</b>
83
84 City <b>Miami</b>
85 Zip Code <b>FL 33131</b>

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, 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: *Elna Morales*

(NOTE: Registered Agent signature required when reinstating)

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 checked="" 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	SVP	<input checked="" type="checkbox"/> DELETE
NAME	MOREY, JORGE	
STREET ADDRESS	200 S BISCAYNE BLVD, 22ND FL	
CITY-ST-ZIP	MIAMI FL 33131	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Tempest, Harry
4.3 STREET ADDRESS	135 So. LaSalle Street, 340
4.4 CITY-ST-ZIP	Chicago, Illinois 60603
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	Koch, Paul
6.3 STREET ADDRESS	200 So. Biscayne Blvd., 22nd Floor
6.4 CITY-ST-ZIP	Miami, Florida 33131

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*

CR2E034 (10/97)