FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **216338** **(4)**

1. Corporation Name
FLORIDA INTERNATIONAL BANK

Principal Place of Business	Mailing Address
17945 FRANJO RD. PERRINE FL 33157	17945 FRANJO RD P.O. DRAWER 570070 PERRINE FL 33157-5640

3. Date Incorporated or Qualified: **10/15/1958**
3a. Date of Last Report: **04/14/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-0858664** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NOT REQUIRED PURSUANT TO CHAPTER 607.0501 (2) FLORIDA STATUTES FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	BURGESS, DONALD L.		1.2 NAME	Quintero, Alfredo	
STREET ADDRESS	7301 SW 174TH ST		1.3 STREET ADDRESS	17945 Franjo Road	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Perrine, Florida 33157	
TITLE	SVC	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	GUNDERSON, LEIF K		2.2 NAME	Grossman, Jerome	
STREET ADDRESS	1374 OSPREY COURT		2.3 STREET ADDRESS	17945 Franjo Road	
CITY-ST-ZIP	HOMESTEAD FL 33035		2.4 CITY-ST-ZIP	Perrine, Florida 33157	
TITLE	V	☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	SANCHEZ, ARMANDO		3.2 NAME	Sirven, Jose E.	
STREET ADDRESS	9000 S.W. 8TH TERRACE		3.3 STREET ADDRESS	17945 Franjo Road	
CITY-ST-ZIP	MIAMI FL 33174		3.4 CITY-ST-ZIP	Perrine, Florida 33157	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SIRVEN, JOSE E		4.2 NAME		
STREET ADDRESS	7700 SW 72ND CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRENNER, RICHARD L		5.2 NAME		
STREET ADDRESS	18499 SW 79TH CT.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

PW 4-28-97

700002157517
-04/29/97--01005--027
***330.00

CR2E034 (9/96)

14. I do 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 added on an attachment with an address.

SIGNATURE: _____ Donald L. Burgess 4-14-97 305/232-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0216396