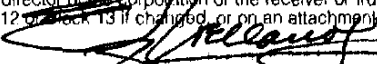


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 436450 (1)					
1. Corporation Name POPULAR BANK OF FLORIDA					
Principal Place of Business TWO ALHAMBRA PLAZA SUITE 100 MIAMI FL 33134			Mailing Address TWO ALHAMBRA PLAZA SUITE 100 MIAMI FL 33134-5202		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/19/1973	
				3a. Date of Last Report 05/01/1995	
				4. FEI Number 59-1485307	
				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			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 NAME STREET ADDRESS CITY - ST - ZIP	SD JONES, FLOYD 6870 SUNRISE PLACE CORAL GABLES FL 33133	☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	VICE CHAIRMAN OF BOD DR. ERNESTO CRUZ 251 CRANDON BLVD. KEY BISCAYNE, FL 33149	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ARELLANO, ALFREDO 7345 S.W. 118TH COURT MIAMI FL 33183	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	DIRECTOR F. ALFREDO PELLAS JR. 4008 KIDMOUAT VILLAGE COCONUT GROVE, FL 33131	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD PELLAS, CARLOS F CAMINO DE ORIENTE MAMAGUA, NICARAGUA	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	DIRECTOR BRUCE CUTHBERTSON 635 ALLENDALE ROAD KEY BISCAYNE, FL 33149	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHAMORRO, ALBERTO J 404 CALLE REAL GRENADA, NICARAGUA	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	DIRECTOR THOMAS P. NOONAN 6245 SW 102 STREET MIAMI, FL 33156	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KING, SHEPARD 11050 SW 69 CT MIAMI FL 33156	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETRY, RODERICK 508 CASTANIA AVENUE CORAL GABLES FL 33146	☒ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	DIRECTOR PETREY N. RODERICK 508 CASTANIA AVENUE CORAL GABLES FL 33146	☒ Change ☐ Addition
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 on an attachment with an address.					
SIGNATURE:  ALFREDO ARELLANO, PRESIDENT & CEO 4/28/97 (305)789-7032					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)