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May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **436450** **(1)**

1. Corporation Name
POPULAR BANK OF FLORIDA

Principal Place of Business	Mailing Address
TWO ALHAMBRA PLAZA SUITE 100 MIAMI FL 33134	TWO ALHAMBRA PLAZA SUITE 100 MIAMI FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1973

2. Principal Place of Business	2a. Mailing Address
21 848 BRICKELL AVENUE	26 848 BRICKELL AVENUE
Suite, Apt. #, etc. 22 SUITE 100	Suite, Apt. #, etc. 27 SUITE 800
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip / Country 24 33131 / 25 DADE	Zip / Country 29 33131 / 30 DADE

4. FEI Number: 59-1485307 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent, and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C CRUZ, ERNESTO DR 251 CRANDON BLVD KEY BISCAYNE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D PETREY N. RODERICK 508 CASTANIA AVENUE CORAL GABLES, FL 33146	☐ Change XX 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	D THOMAS P. NOONAN 6245 SW 102 STREET MIAMI, FL 33156	☐ Change XX 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	D BRUCE CUTHBERTSON 635 ALLENDALE ROAD KEY BISCAYNE, FL 33149	☐ Change XX 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		☐ 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 PELLAS, ALFREDO F JR 40008 KUMQUAT VILLAGE COCONUT GROVE FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

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: PRESIDENT AND CEO ALFREDO ARELLANO APRIL 30, 1998 (305) 789-7032