2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 20, 2000 8:00 am DOCUMENT # 436450 1. Entity Name Secretary of State BAC FLORIDA BANK 01-20-2000 90212 050 ***150.00 Principal Place of Business Mailing Address 848 BRIKCELL AVENUE 848 BRIKCELL AVENUE SUITE 700 SUITE 700 U V U T U A MIAM! FL 33131 MIAMI FL 33131-2949 US 2. Principal Place of Business 3. Mailing Address 848 BRICKELL AVENUE 848 BRICKELL AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 700 XX Applied For City & State 4. FEI Number City & State 59-1485307 MIAMI, FL MIAMI, FL Not Applicable Ζiρ Zip--Country \$8:75 Additional Country 5. Certificate of Status Desired Fee Required 33131 US 33131 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. v-C-☐ Addition TITLE ☐ Delete TITLE X: Change CRUZ, ERNESTO DR NAME NAME CRUZ, DR. ERNESTO 251 CRANDON BLVD STREET ADDRESS STREET ADDRESS 251 CRANDON BLVD. KEY BISCAYNE FL CITY-ST-ZIP CITY-ST-ZIP KEY BISCAYNE, FL 33149 X Addition Delete TITLE ☐ Change TITLE P/D ARELLANO, ALFREDO NAME NOONAN, THOMAS P. 7345 S.W. 118TH COURT STREET ADDRESS STREET ADDRESS 6245 SW-102nd STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 PINECREST, FL 33156 CD ☐ Delete TITLE K Change Addition TITLE PELLAS, CARLOS F NAME NAME PELLAS, CH., CARLOS F. CAMINO DE ORIENTE STREET ADDRESS STREET ADDRESS 7625 SW 85th COURT MAMAGUA, NICARAGUA CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33173 X Delete - Change **X** Addition TITLE TITLE CHAMORRO, ALBERTO J NAME NAME CHAMORRO, JR., ALBERTO J. STREET ADDRESS STREET ADDRESS 404 CALLE REAL REPARTO LOS ANDES, No#3 CITY-ST-ZIP CITY-ST-ZIP GRENADA, NICARAGUA MANAGUA, NICARAGUÁ ☐ Change ☐ Addition ☐ Delete TITI F TITLE KING, SHEPARD NAME STREET ADDRESS 11050 SW 69 CT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33156** $\overline{\mathsf{CC}}$ X Change Addition ☐ Delete TITLE TITLE PELLAS, ALFREDO F JR PELLAS, JR., ALFREDO F. 40008 KUMQUAT VILLAGE STREET ADDRESS STREET ADDRESS 8245 LOS PINOS CIRCLE CITY-ST-ZIP COCONUT GROVE FL CITY-ST-ZIP CORAL GABLES, FL 33146

13. 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 report of supplemental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS E LAGUNA, EVP/CFO/COMPTROLLER 11/JANUARY/2000

Daytime Phone #