

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:41

DOCUMENT # 747624 (5)

1. Corporation Name

MIAMI CHAPTER AMERICAN INSTITUTE OF BANKING, INC

Principal Place of Business

Mailing Address

300 N E 2ND AVE BLDG #2
MIAMI FL 33132

ROOM #2301

300 N E 2ND AVE BLDG #2
MIAMI FL 33132

ROOM #2301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1979

3a. Date of Last Report

02/08/1994

4. FBI Number

59-1293887

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

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

LAGUNA, CONNIE
AMERICAN INSTITUTE OF BANKING
300 NE 2ND AVENUE/RM 2301
MIAMI FL 33132

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FERRER, LIZ
STREET ADDRESS 701 BRICKELL AVE, 33RD FLOOR
CITY-ST-ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

C (same info. on left) Change Addition

TITLE TD
NAME KAPLAN, MARK
STREET ADDRESS 5901 MIAMI LAKES DR
CITY-ST-ZIP MIAMI LAKES FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TD BUSTER CASTIGLIA
CONTINENTAL NATL BK
1801 S.W. 1ST STREET
MIAMI, FL 33135 Change Addition

TITLE M
NAME LAGUNA, CONNIE
STREET ADDRESS 300 NE 2ND AVE
CITY-ST-ZIP MIAMI FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

(same info. on left) Change Addition

TITLE PD
NAME MANDELBAUM, LESTER
STREET ADDRESS 5750 SUNSET DRIVE
CITY-ST-ZIP SOUTH MIAMI FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

PD DANIEL C. EGGLEND
METRO BK OF D.C.
1390 S. DIXIE HWY.
CORAL GABLES, FL 33146 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day(s) / Month / Year

[Handwritten Signature]

1/31/95 (305) 237-2051