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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 747624 (5)

1. Corporation Name

SOUTH FLORIDA CHAPTER AMERICAN INSTITUTE OF BANKING, INC.

Principal Place of Business	Mailing Address
300 N E 2ND AVE BLDG #2 ROOM #2301 MIAMI FL 33132	300 N E 2ND AVE BLDG #2 ROOM #2301 MIAMI FL 33132

3. Date Incorporated or Qualified: 06/13/1979
3a. Date of Last Report: 05/30/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22: ROOM 3704-10 — 27: ROOM 3704-10

City & State — 23 — 28

Zip — 24 — Country — 25 — Zip — 29 — Country — 30

4. FEI Number: 59-1293887 ☐ 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**

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

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 617.0502 and 617.1508, 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 617.0503, 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	CD GONZLEZ-BLANCO, ROBERTO 10 NW 42ND AVENUE MAIMI FL 33126	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition C/D ATHAN "BUSTER" CASTIGLIA - Continental Natl Bank 1801 SW 1ST STREET MIAMI, FL 33185
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KAPLAN, MARK 5901 MIAMI LAKES DR. MIAMI LAKES FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition T/D PETER FOWLER - Rmgs Int'l Bank 800 Brickell Ave, #900 Miami, FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M LAGUNA, CONNIE 300 NE 2ND AVE MIAMI FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CASTIGLIA, BUSTER 1801 SW 1ST STREET MIAMI FL	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☑ Change ☐ Addition P/D Roger Lowe - SunTrust Bank 3737 NW 87 AVE. MIAMI, FL 33178
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Connie Laguna SIGNATURE REQUIRED — Executive Director 4/30/97 (305) 237-3061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0078345