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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 BANK
ING, 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

3. Date Incorporated or Qualified
06/13/1979

3a. Date of Last Report
05/30/1996

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

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

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 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

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 CD
NAME GONZALEZ-BLANCO, ROBERTO
STREET ADDRESS 10 NW 42ND AVENUE
CITY-ST-ZIP MIAMI FL 33128

DELETE

1.1 TITLE C/D
1.2 NAME ATHAN "BUSTER" CASTIGLIA - Continental Nat'l Bank
1.3 STREET ADDRESS 1801 SW 1ST STREET
1.4 CITY-ST-ZIP MIAMI, FL 33135

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

DELETE

2.1 TITLE T/D
2.2 NAME PETER FOWLER - Rmgs Int'l Bank
2.3 STREET ADDRESS 800 BRICKELL AVE, #900
2.4 CITY-ST-ZIP MIAMI, FL 33131

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

DELETE

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

TITLE PD
NAME CASTIGLIA, BUSTER
STREET ADDRESS 1801 SW 1ST STREET
CITY-ST-ZIP MIAMI FL

DELETE

4.1 TITLE P/D
4.2 NAME Roger Lowe - SunTrust Bank
4.3 STREET ADDRESS 3737 NW 87 AVE.
4.4 CITY-ST-ZIP 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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

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
EXECUTIVE DIRECTOR 4/30/97 (305) 237-3061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0078345

CR2E037 (9/96)