

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 770790 (4)  
1. Corporation Name

NICARAGUAN AMERICAN BANKERS AND BUSINESSMEN ASSOCIATION, INC.



Principal Place of Business: C/O R. ARGUELLO, 700 BRICKELL AVE, MIAMI FL 33131 US  
Mailing Address: P.O. BOX 16-3809, C/O R. ARGUELLO, MIAMI FL 33116-3809 US

3. Date Incorporated or Qualified: 10/17/1983  
3a. Date of Last Report: 08/11/1995

|   |                                |    |                     |  |   |                                     |                                |
|---|--------------------------------|----|---------------------|--|---|-------------------------------------|--------------------------------|
| 21  | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4.   | FEI Number: 59-2329444                              | Applied For                         | Not Applicable                 |
| 22  | Suite, Apt. #, etc.            | 27 | Suite, Apt. #, etc. | 5.   | Certificate of Status Desired                       | <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 23  | City & State                   | 28 | City & State        | 6.   | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/>            | \$5.00 May Be Added to Fees    |
| 24  | Zip                            | 25 | Country             | 29   | Zip   | 30                                  | Country                        |
| 9. Name and Address of Current Registered Agent |                                |    |                     | 10. Name and Address of New Registered Agent |   |                                     |                                |

CASTILLO, ALVARO ESO  
1533 SUNSET DRIVE  
MIAMI FL 33143

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | ARGUELLO, ROBERTO J.                         | 1.2 NAME  |   |
| STREET ADDRESS             | 700 BRICKELL AVE                             | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL                                     | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | CARDOZE, JULIO I                             | 2.2 NAME  |   |
| STREET ADDRESS             | 1035 COTORRO AVE.                            | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | CORAL GABLES FL                              | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | CASTILLO, ALVARO                             | 3.2 NAME  | URIEL MENDIETA  |
| STREET ADDRESS             | 475 WOODCREST RD                             | 3.3 STREET ADDRESS                                    | c/o Terrabank, N. A.  |
| CITY-ST-ZIP                | KEY BISCAYNE FL                              | 3.4 CITY-ST-ZIP                                       | 3191 S.W. 22 St, Miami, FL 33145  |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | TEFEL, JORGE                                 | 4.2 NAME  | HARRY BRAUTIGAM   |
| STREET ADDRESS             | 2720 CORAL WAY                               | 4.3 STREET ADDRESS                                    | c/o Bankamerica   |
| CITY-ST-ZIP                | MIAMI FL                                     | 4.4 CITY-ST-ZIP                                       | 201 S. Biscayne Blvd, Miami, FL 33131   |
| TITLE                      | VD <input type="checkbox"/> DELETE           | 5.1 TITLE   | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | SALAZAR, RENATO                              | 5.2 NAME  |   |
| STREET ADDRESS             | 780 NW 42ND AVENUE                           | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL                                     | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DP <input type="checkbox"/> DELETE           | 6.1 TITLE   | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | ORTIZ, ARMANDO                               | 6.2 NAME  |   |
| STREET ADDRESS             | 11045 SW 138 CT.                             | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL                                     | 6.4 CITY-ST-ZIP                                       |   |

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 119.07(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: Armando J. Ortiz, Sr. ARMANDO J. ORTIZ, SR. 4-25-96 (305) 388-5821  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)