

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F24262** (0)

1. Corporation Name
EXECUTIVE BANKING CORPORATION



Principal Place of Business: **9600 N. KENDALL DR. MIAMI FL 33176-1919**
Mailing Address: **9600 N. KENDALL DR. MIAMI FL 33176-1919**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified 03/12/1981	3a. Date of Last Report 03/22/1995
4. FEI Number 59-2093771	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**VALDES-FAULI, RAUL J.
3400 ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD.
MIAMI FL 33131**

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 607.0022 and 607.1506, Florida Statutes, the above named corporation's officers hereby state for the purpose of changing its registered office or registered agent, or both, in the State of Florida, such a change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0025, Florida Statutes.

SIGNATURE: _____ DATE: **4/1/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	P	TITLE	P
NAME	SCHWEITZER, G M	NAME	Safie, Alejandro T.
STREET ADDRESS	9600 N KENDALL DRIVE	STREET ADDRESS	9600 N Kendall Drive
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miami, FL
TITLE	D	TITLE	CEO
NAME	KANE, MONTE	NAME	Carlos A. Safie
STREET ADDRESS	9800 N KENDALL DRIVE	STREET ADDRESS	9600 N Kendall Drive
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miami, FL
TITLE	D	TITLE	D
NAME	ADLER, IRWIN M	NAME	Dr. Lawrence Schimmel
STREET ADDRESS	9800 N KENDALL DRIVE	STREET ADDRESS	9600 N Kendall Drive
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miami, FL
TITLE	SRVP	TITLE	D
NAME	BERDY, RICHARD	NAME	Elias N. Ede
STREET ADDRESS	9800 N KENDALL DRIVE	STREET ADDRESS	9600 N Kendall Drive
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miami, FL
TITLE	D	TITLE	D
NAME	GARDNER, HARVEY A., JR.	NAME	Schweitzer, G M
STREET ADDRESS	9800 N KENDALL DRIVE	STREET ADDRESS	9600 N. Kendall Dr.
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miami, FL 33131
TITLE	D	TITLE	
NAME	MENDELSON, MELVIN L.	NAME	
STREET ADDRESS	9600 N KENDALL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	

14. I do hereby certify that the information supplied in this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.073(4), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 637, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any address.

SIGNATURE: _____ DATE: **4/1/96** (305) 274-8382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carlos A. Safie

CR2E034 (12/95)