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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90028 037 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F24262

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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 03/12/1981	
4. FEI Number 59-2093771	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input 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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	SAFIE, ALEJANDRO T
STREET ADDRESS	9600 N KENDALL DRIVE
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KANE, MONTE
STREET ADDRESS	9600 N KENDALL DRIVE
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	G.M. SCHWEITZER
STREET ADDRESS	9600 N KENDALL DRIVE
CITY-ST-ZIP	MIAMI FL
TITLE	SRVP <input type="checkbox"/> DELETE
NAME	BERDY, RICHARD
STREET ADDRESS	9600 N KENDALL DRIVE
CITY-ST-ZIP	MIAMI FL
TITLE	CEO <input type="checkbox"/> DELETE
NAME	CARLOS A SAFIE
STREET ADDRESS	9600 N KENDALL DRIVE
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EDE, ELIAS N.
1.3 STREET ADDRESS	9600 N KENDALL DRIVE
1.4 CITY-ST-ZIP	MIAMI FL 33176
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ALVAREZ, MARCELO
2.3 STREET ADDRESS	9600 N KENDALL DRIVE
2.4 CITY-ST-ZIP	MIAMI FL 33176
3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAFIE, ALEJANDRO T.
3.3 STREET ADDRESS	9600 N KENDALL DRIVE
3.4 CITY-ST-ZIP	MIAMI FL 33176
4.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BERDY, RICHARD
4.3 STREET ADDRESS	9600 N KENDALL DRIVE
4.4 CITY-ST-ZIP	MIAMI FL 33176
5.1 TITLE	EVP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SAFIE, CARLOS A.
5.3 STREET ADDRESS	9600 N KENDALL DRIVE
5.4 CITY-ST-ZIP	MIAMI, FL 33176
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Berdy **Richard Berdy, Secretary/Treasurer (305) 274-8382**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)