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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M63179** (9)

1. Corporation Name

READY BANCORP., INC.



Principal Place of Business

**3700 W. 12 AVE.
HIALEAH FL 33012**

Mailing Address

**3700 W. 12 AVE.
HIALEAH FL 33012**

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

9. Name and Address of Current Registered Agent

**MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DRIVE
STE. 700
MIAMI FL 33126**

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 607.0502 and 607.0503, 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

Signature of person authorized to take action for corporation

Print Name and Address of person authorized to register

Date of Signature

12. OFFICERS AND DIRECTORS

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

1.1 TITLE

2. NAME

1.2 NAME

3. STREET ADDRESS

1.3 STREET ADDRESS

4. CITY-STATE-ZIP

1.4 CITY-STATE-ZIP

5. TITLE

2.1 TITLE

6. NAME

2.2 NAME

7. STREET ADDRESS

2.3 STREET ADDRESS

8. CITY-STATE-ZIP

2.4 CITY-STATE-ZIP

9. TITLE

3.1 TITLE

10. NAME

3.2 NAME

11. STREET ADDRESS

3.3 STREET ADDRESS

12. CITY-STATE-ZIP

3.4 CITY-STATE-ZIP

13. TITLE

4.1 TITLE

14. NAME

4.2 NAME

15. STREET ADDRESS

4.3 STREET ADDRESS

16. CITY-STATE-ZIP

4.4 CITY-STATE-ZIP

17. TITLE

5.1 TITLE

18. NAME

5.2 NAME

19. STREET ADDRESS

5.3 STREET ADDRESS

20. CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

21. TITLE

6.1 TITLE

22. NAME

6.2 NAME

23. STREET ADDRESS

6.3 STREET ADDRESS

24. CITY-STATE-ZIP

6.4 CITY-STATE-ZIP

25. TITLE

7.1 TITLE

26. NAME

7.2 NAME

27. STREET ADDRESS

7.3 STREET ADDRESS

28. CITY-STATE-ZIP

7.4 CITY-STATE-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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE:

Alberto Fernandez
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Alberto Fernandez, Treasurer

March 27, 1996

823-3700

Date

Telephone Number

CR2E034 (12/95)