FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **432780** **(5)**

1. Corporation Name

ESPIRITO SANTO BANK OF FLORIDA

Principal Place of Business

1395 BRICKELL AVENUE
MIAMI FL 33131

Mailing Address

1395 BRICKELL AVENUE
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/15/1973**	3a. Date of Last Report: **01/26/1994**
4. FEI Number: **59-1479450**	☐ 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	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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 607.1508, 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 _____ Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 Title	P	11 Title	☐ Change ☐ Addition
12 Name	BALESTRA, VICTOR C	12 Name	
13 Street Address	917 PARADISO AVE	13 Street Address	
14 City, St, ZIP	CORAL GABLES FL	14 City, St, ZIP	
21 Title	VP	21 Title	SVP ☒ Change ☐ Addition
22 Name	LYNGVED, MARITZA	22 Name	SAME
23 Street Address	13320 SW 84TH AVE	23 Street Address	SAME
24 City, St, ZIP	MIAMI FL	24 City, St, ZIP	SAME
31 Title	CS	31 Title	☐ Change ☐ Addition
32 Name	GILBERT, JACKSON B.	32 Name	
33 Street Address	1350 CONNECTICUT AV 1220	33 Street Address	
34 City, St, ZIP	WASHINGTON DC	34 City, St, ZIP	
41 Title	SVP	41 Title	SVP ☒ Change ☐ Addition
42 Name	POST, BARRY A	42 Name	Jose R. Garrigo
43 Street Address	8355 SW 160TH ST	43 Street Address	1536 Taragona Avenue
44 City, St, ZIP	MIAMI FL	44 City, St, ZIP	Coral Gables, Florida 33146
51 Title	D	51 Title	☐ Change ☐ Addition
52 Name	IVANETIC, MIRJAN	52 Name	
53 Street Address	7460 SW 157TH TERR.	53 Street Address	
54 City, St, ZIP	MIAMI FL	54 City, St, ZIP	
61 Title		61 Title	☐ Change ☐ Addition
62 Name		62 Name	
63 Street Address		63 Street Address	
64 City, St, ZIP		64 City, St, ZIP	

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, 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 with an asterisk (*) or other designation indicating status with an address.

SIGNATURE: Victor C. Balestra 4/28/95 305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR C. BALESTRA. Daytime Phone # 539-7705

0120149 CP

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Secretary of State
DIVISION OF CORPORATIONS

APPROVED

DOCUMENT # **434140** **(0)**

1. Corporation Name

CORBETT MANAGEMENT, INC

Principal Place of Business	Mailing Address
998 BELLEVUE AVENUE P.O. BOX 2556 DAYTONA BEACH FL 32114-5162	998 BELLEVUE AVENUE P.O. BOX 2556 DAYTONA BEACH FL 32114-5162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/31/1973**
3a. Date of Last Report: **04/21/1994**
4. FEI Number: **59-1495669** ☐ 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

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

9. Name and Address of Current Registered Agent

CORBETT, PATRICK E.
998 BELLEVUE AVENUE
DAYTONA BEACH FL 32015

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code **32114**

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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: (If changing Registered Agent, New Registered Agent must sign here.) (If not, Registered Agent must sign here.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
31 TITLE	P	41 TITLE	☐ Change ☐ Addition
32 NAME	CORBETT,PATRICK E	42 NAME	
33 STREET ADDRESS	142 CORAL CIRCLE	43 STREET ADDRESS	
34 CITY ST ZIP	DAYTONA BCH FL	44 CITY ST ZIP	
35 TITLE	VP	45 TITLE	☐ Change ☐ Addition
36 NAME	FREUND, ELIZABETH C.	46 NAME	
37 STREET ADDRESS	PO BOX 2655 N/A	47 STREET ADDRESS	
38 CITY ST ZIP	DAYTONA BCH FL	48 CITY ST ZIP	
39 TITLE	D	49 TITLE	☐ Change ☐ Addition
40 NAME	GIBSON,SADIE F	50 NAME	
41 STREET ADDRESS	345 WILDER BLVD.	51 STREET ADDRESS	
42 CITY ST ZIP	DAYTONA BCH FL	52 CITY ST ZIP	
43 TITLE	D	53 TITLE	☐ Change ☐ Addition
44 NAME	CORBETT,PATRICK E	54 NAME	
45 STREET ADDRESS	142 CORAL CIRCLE	55 STREET ADDRESS	
46 CITY ST ZIP	DAYTONA BCH FL	56 CITY ST ZIP	
47 TITLE		57 TITLE	☐ Change ☐ Addition
48 NAME		58 NAME	
49 STREET ADDRESS		59 STREET ADDRESS	
50 CITY ST ZIP		60 CITY ST ZIP	
51 TITLE		61 TITLE	☐ Change ☐ Addition
52 NAME		62 NAME	
53 STREET ADDRESS		63 STREET ADDRESS	
54 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that this filing has been made in accordance with the applicable provisions of Florida Statutes. I further certify that I am a duly authorized 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 above, with an address.

SIGNATURE: Patrick E Corbett Elizabeth C Corbett 5/1/95 904-255-6675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0008009 CP