SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED PROFIT Jul 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # INTERNATIONAL FINANCE BANK Principal Place of Business Mailing Address MAIN OFFICE MAIN OFFICE 1432 BRICKELL AVENUE 1432 BRICKELL AVENUE MIAMI FL 33131 **MIAMI FL 33131** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/23/1983 Principal Place of Business 2a. Malling Address 4. FEI Number Applied For 21 59-2327185 26 P.O. Box 441900 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 MIAMI, FLORIDA 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 24 Yes 25 29 33144 30 MIAMI-DADE Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RUDD, MARIA 81 Name 1432 BRICKELL AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 83131 83 84 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE CFO 1.1 TITLE $\overline{ ext{VP}}$ DELETE Change X Addition AGUIRRE, JAVIER NAME GRANJA, SANTIAGO 1.2 NAME 44 E 67 ST STREET ADDRESS 206 NE 2nd AVENUE 1.3 STREET ADDRESS **NEW YORK NY 10021** CITY-ST-ZIP 1.4 CITY-ST-ZIP DANIA, FL 33004 COOD TITLE 2.1 TITLE DELETE Change Addition GOMEZ, RUBEN D NAME 2.2 NAME 888 BRICKELL KEY DRIVE, APT. 907 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP 2.4 CITY-ST-ZIP EVP TITLE DELETE 3.1 TITLE ☐ Change Addition Britti, Eliseo NAME 3.2 NAME 7045 S.W. 107TH TERRACE STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 33158 CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition HARDUVEL, T. GEORGE NAME 4.2 NAME 8980 S.W. 56TH TERRACE STREET ADDRESS 4.3 STREET ADDRESS **MIAMI FL 33173** CITY-ST-ZIE 4.4 CITY-ST-ZIP TITLE VPI DELETE 5.1 TITLE Change Addition Callazo, manuel e jr. NAME 5.2 NAME 8533 S.W. 5TH STREET, #205 STREET ADDRESS 5.3 STREET ADDRESS PEMBROKE PINES FL 33025 CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ___ Addition HERNANDEZ, DARIO NAME 6 2 NAME 1910 S.W. 125TH COURT STREET ADDRESS 6.3 STREET ADDRESS

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 controlled on 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 given an attachment with an address.

CITY-ST-ZIP

MIAMI FL 33173

CR2E034 (5/98)