

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 27, 1999 8:00 am**  
**Secretary of State**

05-27-1999 90008 027 \*\*\*\*61.25

DOCUMENT # 747624

1. Corporation Name

**SOUTH FLORIDA CHAPTER AMERICAN INSTITUTE OF BANK  
ING, INC.**

Principal Place of Business

ROOM 3704-10  
MIAMI FL 33132  
US

Mailing Address

245 NE 4TH ST  
ROOM 3704-10  
MIAMI FL 33132  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

06/13/1979

4. FEI Number

59-1293887

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

9. Name and Address of Current Registered Agent

**LAGUNA, CONNIE  
AMERICAN INSTITUTE OF BANKING  
300 NE 2ND AVENUE/RM 2301  
MIAMI FL 33132**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD ALEMAN, NELSON**  
STREET ADDRESS **25TH WAY ST, 6TH FLOOR**  
CITY-ST-ZIP **MAIMI FL 33130**

TITLE ☐ DELETE  
NAME **TD FOWLER, PETER**  
STREET ADDRESS **800 BRICKELL AVE STE 900**  
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE ☐ DELETE  
NAME **M LAGUNA, CONNIE**  
STREET ADDRESS **300 NE 2ND AVE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ DELETE  
NAME **CD LOWE, ROGER**  
STREET ADDRESS **3737 NW 87 AVE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **CD**  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **D**  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME **PD LOPEZ, ROBERT**  
4.3 STREET ADDRESS **200 S. Biscayne Blvd, FL 6207, 5TH FL**  
4.4 CITY-ST-ZIP **MIAMI, FL 33131**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 617, 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/24/99 (305) 237-3051**  
Date Daytime Phone #

CR2E037 (11/98)