

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 436450

Entity Name: BAC FLORIDA BANK**Current Principal Place of Business:**169 MIRACLE MILE
SUITE 700
CORAL GABLES, FL 33134**Current Mailing Address:**169 MIRACLE MILE
SUITE 700
CORAL GABLES, FL 33134 US**FEI Number:** 59-1485307**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PANNELLA, ANNA MARIA
169 MIRACLE MILE
SUITE 700
CORAL GABLES , FL 33134 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** ANNA MARIA PANNELLA

04/20/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SD
Name PETREY, RODERICK N
Address 508 CASTANIA AVENUE
City-State-Zip: CORAL GABLES FL 33146

Title VC, D
Name ROBLETO, FRANK D
Address 18842 S.W. 77TH COURT
City-State-Zip: CUTLER BAY FL 33157

Title DIRECTOR
Name DIAZ, JR., RUBEN
Address 1581 BRICKELL AVE.
APT #2305
City-State-Zip: MIAMI FL 33129

Title DIRECTOR
Name BUSTILLO, OSCAR
Address 10536 S.W. 12 MANOR
City-State-Zip: PEMBROKE PINES FL 33025

Title CD
Name PELLAS, CARLOS F
Address 169 MIRACLE MILE
SUITE 700
City-State-Zip: CORAL GABLES FL 33134

Title CD
Name PELLAS, JR, F. ALFREDO
Address 8245 LOS PINOS CIR
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR
Name PARAJON, LUIS
Address 355 HAMPTON LANE
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR
Name ABALO, AGUSTIN
Address 169 MIRACLE MILE
R-10
City-State-Zip: CORAL GABLES FL 33134

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JULIO ROJAS

PRESIDENT & CEO

04/20/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CUTHBERTSON, BRUCE
Address 635 ALLENDALE ROAD
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR
Name TAMAYO, FERNANDO
Address 7040 SW 79TH COURT
City-State-Zip: MIAMI FL 33143

Title PRESIDENT, CEO, DIRECTOR
Name ROJAS, JULIO
Address 731 CRANDON BOULEVARD
UNIT PH-8
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR
Name AMAT, SUSAN
Address 1265 ANDALUSIA AVENUE
City-State-Zip: CORAL GABLES FL 33134