

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 28 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 371018 (3)**  
1. Corporation Name:  
**REPUBLIC BANKING CORPORATION OF FLORIDA**



Principal Place of Business Mailing Address  
**10 N.W. LEJEUNE ROAD  
PO BOX 440669  
MIAMI FL 33144**

3. Date Incorporated or Qualified **10/12/1970** 3a. Date of Last Report **04/17/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-1318959** Applied For Not Applicable  
21 Suite Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
24 25 Country 29 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**MURAI, WALD, BIONDO & MORENO PA  
25 SE SECOND AVE STE 900  
MIAMI FL 33131**  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D ISAIAS, WILLIAM</b>	1.2 NAME	<b>DP BUSTILLO, JR. OSCAR</b>
STREET ADDRESS	<b>10 N.W. LEJUENE RD.</b>	1.3 STREET ADDRESS	<b>4627 UNIVERSITY DRIVE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	<b>CORAL GABLES, FL. 33146</b>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D BETANCOURT, ANNIE</b>	2.2 NAME	<b>S LYDIA A. (LYAN) FERNANDEZ</b>
STREET ADDRESS	<b>12265 SW 99 STREET</b>	2.3 STREET ADDRESS	<b>4100 TOLEDO ST.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	2.4 CITY - ST - ZIP	<b>CORAL GABLES, FL. 33146</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V VILLAMIL, JOSE ANTONIO</b>	3.2 NAME	<b>V BERNARDO M. ARGUDIN</b>
STREET ADDRESS	<b>2410 BRICKELL AVENUE APT 104C</b>	3.3 STREET ADDRESS	<b>11624 S W 101 TERRACE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	3.4 CITY - ST - ZIP	<b>MIAMI, FL. 33176</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D ISAIAS, ROBERTO</b>	4.2 NAME	
STREET ADDRESS	<b>10 NW LEJUENE ROAD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI, FL 00000</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TD ESTEFANO, ISAIAS</b>	5.2 NAME	
STREET ADDRESS	<b>10 N.W. LE JUENE RD.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D PAUL, ROBERT</b>	6.2 NAME	
STREET ADDRESS	<b>200 SE 1ST ST PH</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI, FL 00000</b>	6.4 CITY - ST - ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 2/24/97 (305) 250-9308  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)