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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

10 N.W. LEJEUNE ROAD
PO BOX 440669
MIAMI FL 33144

Mailing Address

10 N.W. LEJEUNE ROAD
PO BOX 440669
MIAMI FL 33144-0669



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

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-1318959

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

9. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO & MORENO PA
25 SE SECOND AVE STE 900
MIAMI FL 33131

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

Sign office, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

D ISAIAS, WILLIAM
10 N.W. LEJUENE RD.
MIAMI FL

TITLE NAME ☒ DELETE

D BETANCOURT, ANNIE
12265 SW 99 STREET
MIAMI FL

TITLE NAME ☒ DELETE

V VILLAMIL, JOSE ANTONIO
2410 BRICKELL AVENUE APT 104C
MIAMI FL

TITLE NAME ☐ DELETE

D ISAIAS, ROBERTO
10 NW LEJUENE ROAD
MIAMI, FL 00000

TITLE NAME ☐ DELETE

TD ESTEFANO, ISAIAS
10 N.W. LE JUENE RD.
MIAMI FL

TITLE NAME ☐ DELETE

D PAUL, ROBERT
200 SE 1ST ST PH
MIAMI, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

DP BUSTILLO, JR. OSCAR
4627 UNIVERSITY DRIVE
CORAL GABLES, FL. 33146

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

S LYDIA A. (LYAN) FERNANDEZ
4100 TOLEDO ST.
CORAL GABLES, FL. 33146

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

V BERNARDO M. ARGUDIN
11624 S W 101 TERRACE
MIAMI, FL. 33176

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP ☐ Change ☐ Addition

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

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97 (305) 250-4308

CR2E034 (9/96)