


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

**FILED**  
**Mar 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**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	10 N.W. LEJEUNE ROAD PO BOX 440669 MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/12/1970</b>	
4. FEI Number <b>59-1318959</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>2800 Ponce De Leon Blvd</b>	26 <b>2800 Ponce De Leon Blvd.</b>	<b>59-1318959</b>	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23 <b>Coral Gables, FL 33134</b>	28 <b>Coral Gables, FL 33134</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>MURAI, WALD, BIONDO &amp; MORENO PA</b> <b>25 SE SECOND AVE STE 900</b> <b>MIAMI FL 33131</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ISAIAS, WILLIAM</b>	1.2 NAME	<b>Isaias, William</b>
STREET ADDRESS	<b>10 N.W. LEJUENE RD.</b>	1.3 STREET ADDRESS	<b>2800 Ponce De Leon Blvd.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>Miami, FL 33134</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D/P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FERNANDEZ, LYDIA A. (LYAN)</b>	2.2 NAME	<b>Oscar Bustillo, Jr.</b>
STREET ADDRESS	<b>4100 TOLEDO ST</b>	2.3 STREET ADDRESS	<b>4627 University Drive</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	2.4 CITY-ST-ZIP	<b>Coral Gables, FL 33146</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARGUDIN, BERNARDO M.</b>	3.2 NAME	<b>Argudin, Bernardo M.</b>
STREET ADDRESS	<b>11624 SW 101 TERRACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D/C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ISAIAS, ROBERTO</b>	4.2 NAME	<b>Isaias, Roberto</b>
STREET ADDRESS	<b>10 NW LEJUENE ROAD</b>	4.3 STREET ADDRESS	<b>2800 Ponce De Leon Blvd.</b>
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	4.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESTEFANO, ISAIAS</b>	5.2 NAME	<b>Isaias, Estefano</b>
STREET ADDRESS	<b>10 N.W. LE JUENE RD.</b>	5.3 STREET ADDRESS	<b>2800 Ponce De Leon Blvd.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>D/</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PAUL, ROBERT</b>	6.2 NAME	<b>Lehr, Milton H.</b>
STREET ADDRESS	<b>200 SE 1ST ST PH</b>	6.3 STREET ADDRESS	<b>8440 S. W. 104 St.</b>
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	6.4 CITY-ST-ZIP	<b>Miami, FL 33156</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Lydia A. Fernandez* **Lydia A. (Lyan) Fernandez** 3/23/98 **(305) 774-5051**

CR2E034 (10/97)

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PROFIT CORPORATION ANNUAL REPORT 1998



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

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 10/12/1970

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1318959	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
g. 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	
83	
84 City	
FL	85 Zip Code

ADDITIONAL DIRECTORS



11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-name office or registered agent, or both, in the State of Florida. Such change was authorized by the cc agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	ISAIAS, WILLIAM	1.2 NAME	Bared, Jose P.
STREET ADDRESS	10 N.W. LEJUENE RD.	1.3 STREET ADDRESS	9025 Arvida Drive
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Coral Gables, FL 33156
TITLE	S	2.1 TITLE	D
NAME	FERNANDEZ, LYDIA A. (LYAN	2.2 NAME	Blake, John H.
STREET ADDRESS	4100 TOLEDO ST	2.3 STREET ADDRESS	7801 Los Pinos Blvd.
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Coral Gables, FL 33143
TITLE	V	3.1 TITLE	D
NAME	ARGUDIN, BERNARDO M.	3.2 NAME	Tamayo, Fernando
STREET ADDRESS	11624 SW 101 TERRACE	3.3 STREET ADDRESS	7040 S. W. 79th Court
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33143
TITLE	D	4.1 TITLE	
NAME	ISAIAS, ROBERTO	4.2 NAME	
STREET ADDRESS	10 NW LEJUENE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	ESTEFANO, ISAIAS	5.2 NAME	
STREET ADDRESS	10 N.W. LE JUENE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	PAUL, ROBERT	6.2 NAME	
STREET ADDRESS	200 SE 1ST ST PH	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	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 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

CR2E034 (10/97)