

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

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 10 N.W. LEJEUNE ROAD PO BOX 440669 MIAMI FL 33144	Mailing Address 10 N.W. LEJEUNE ROAD PO BOX 440669 MIAMI FL 33144
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2800 Ponce De Leon Blvd Suite, Apt. #, etc.		2a. Mailing Address 26 2800 Ponce De Leon Blvd. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/12/1970	
22 City & State 23 Coral Gables, FL 33134 Zip Country		27 City & State 28 Coral Gables, FL 33134 Zip Country		4. FEI Number 59-1318959 Applied For Not Applicable	
24		25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28		29		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	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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	D	<input type="checkbox"/> DELETE
NAME	ISAIAS, WILLIAM	
STREET ADDRESS	10 N.W. LEJEUNE RD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, LYDIA A. (LYAN	
STREET ADDRESS	4100 TOLEDO ST	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ARGUDIN, BERNARDO M.	
STREET ADDRESS	11624 SW 101 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ISAIAS, ROBERTO	
STREET ADDRESS	10 NW LEJEUNE ROAD	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ESTEFANO, ISAIAS	
STREET ADDRESS	10 N.W. LE JEUNE RD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PAUL, ROBERT	
STREET ADDRESS	200 SE 1ST ST PH	
CITY-ST-ZIP	MIAMI, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Isaias, William	
1.3 STREET ADDRESS	2800 Ponce De Leon Blvd.	
1.4 CITY-ST-ZIP	Miami, FL 33134	
2.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Oscar Bustillo, Jr.	
2.3 STREET ADDRESS	4627 University Drive	
2.4 CITY-ST-ZIP	Coral Gables, FL 33146	
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Argudin, Bernardo M.	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Isaias, Roberto	
4.3 STREET ADDRESS	2800 Ponce De Leon Blvd.	
4.4 CITY-ST-ZIP	Coral Gables, FL 33134	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Isaias, Estefano	
5.3 STREET ADDRESS	2800 Ponce De Leon Blvd.	
5.4 CITY-ST-ZIP	Coral Gables, FL 33134	
6.1 TITLE	D/	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Lehr, Milton H.	
6.3 STREET ADDRESS	8440 S. W. 104 St.	
6.4 CITY-ST-ZIP	Miami, FL 33156	

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: *Lydia A. (Lyan) Fernandez* 3/23/98 (305) 774-5031

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

4. FEI Number

59-1318959

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

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

81 Name

82 Street

83

84 City

10. Name and Address of New Registered Agent

ADDITIONAL
DIRECTORS

85

FL

85

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ISAIAS, WILLIAM
STREET ADDRESS 10 N.W. LEJUENE RD.
CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE

NAME FERNANDEZ, LYDIA A. (LYAN
STREET ADDRESS 4100 TOLEDO ST
CITY-ST-ZIP CORAL GABLES FL

TITLE V ☐ DELETE

NAME ARGUDIN, BERNARDO M.
STREET ADDRESS 11624 SW 101 TERRACE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME ISAIAS, ROBERTO
STREET ADDRESS 10 NW LEJUENE ROAD
CITY-ST-ZIP MIAMI, FL 00000

TITLE TD ☐ DELETE

NAME ESTEFANO, ISAIAS
STREET ADDRESS 10 N.W. LE JUENE RD.
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME PAUL, ROBERT
STREET ADDRESS 200 SE 1ST ST PH
CITY-ST-ZIP MIAMI, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Bared, Jose P.
1.3 STREET ADDRESS 9025 Arvida Drive
1.4 CITY-ST-ZIP Coral Gables, FL 33156

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Blake, John H.
2.3 STREET ADDRESS 7801 Los Pinos Blvd.
2.4 CITY-ST-ZIP Coral Gables, FL 33143

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Tanayo, Fernando
3.3 STREET ADDRESS 7040 S. W. 79th Court
3.4 CITY-ST-ZIP Miami, FL 33143

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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

Date

Doc. Fee Phone #

0006183

CR2E034 (10/97)