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

Mar 27 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 371018 REPUBLIC BANKING CORPORATION OF FLORIDA Principal Place of Business Mailing Address 10 N.W. LEJEUNE ROAD 10 N.W. LEJEUNE ROAD PO BOX 440669 PO BOX 440669 DO NOT WRITE IN THIS SPACE MIAMI FL 33144 **MIAMI FL 33144** 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 2800 Ponce De Leon Blvd 2800 Ponce De Leon Blvd Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required $I = s_A \cdot s_A^{\alpha}$ City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Coral Gables, FL 33134 Coral Gables, FL 33134 This corporation owes or has paid the current year Intengible 25 30 Yes 24 Personal Property Tax due June 30, 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MURAI, WALD, BIONDO & MORENO PA 25 SE SECOND AVE STE 900 B2 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33131** 83 84 City Zip Code 85 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 607,0508, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agost and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE t Change TITLE 1.1 TITLE Addition ISAIAS, WILLIAM Isaias, William NAME 1.2 NAME 10 N.W. LEJUENE RD. STREET ADDRESS 1.3 STREET ADDRESS 2800 Ponce De Leon Blvd. MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-21F <u>Miami, FL 33134</u> Addition DELETE Change TITLE 2.1 TITLE FERNANDEZ, LYDIA A. (LYAN 2.2 NAME NAME Oscar Bustillo, Jr. 4100 TOLEDO ST STREET ADDRESS 2.3 STREET ADDRESS 4627 University Drive Coral Gables, FL 33146 CORAL GABLES FL 2.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Addition TITLE 3.1 TITLE **★** Change ARGUDIN, BERNARDO M Argudin, Bernardo M. NAME 3.2 NAME 11624 SW 101 TERRACE STREET ADDRESS 3 3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE ISAIAS, ROBERTO NAME 4. 2 NAME Isaias, Roberto 10 NW LEJUENE ROAD STREET ADDRESS 4.3 STREET ADDRESS 2800 Ponce De Leon Blvd. MIAMI, FL 00000 Coral Gables, Fl 33134 CITY+ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE ESTEFANO, ISAIAS Isaias, Estefano NAME 5.2 NAME 10 N.W. LE JUENE RD. STREET ADDRESS 5.3 STREET ADDRESS 2800 Ponce De Leon Blvd. MIAMI FL CITY-ST-ZIP 5.4 CITY-ST-ZIP Coral Gables, FL. 33134 DELETE Change TITLE 6.1 TITLE Addition PAUL, ROBERT NAME 6.2 NAME Lehr, Milton H.

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 60?, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-SI-ZIP

200 SE 1ST ST PH

MIAMI, FL 00000

TEINAN

A. (Lyan) Fernandez

33156

8440 S. W. 104 St.

Miami, FL

(305) 774-5031

FILED

(10/97) CR2E034

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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)

L. Corporation			(4)				
REPUI	BLIC BANKING CORPORATI	ION OF FLORI	DA				
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			'	.			
Principal Plac	ce of Business	Mailing Addre	ISS				c sominm tilier sander ermer alleder rinder sam diget medit debit bildit bildit bibli bibli
10 N.W. LEJ	EUNE ROAD	10 N.W. LEJ	EUNE ROAD				
PO BOX 440669 PO BOX 440669							
MIAMI FL 33144 MIAMI FL 33144							DO NOT WRITE IN THIS SPACE
							3. Date incorporated or Qualified
A Dissipal	Diam of During	Do Mailing A	Ideana				10/12/1970 4. FEI Number Japolled So
2. Principal Place of Business		2a. Mailing Address				ļ	1/Applied to
Suite, Apt. #, etc.		Suite, Apt. #, etc.					59-1318959 Not Applica
		— — · ·	27			5. Certificate of Status Desired Fee Required	
22 City & Sta	10		City & State				
23]		⊢ '	28			- 1	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip		Countr	v		This corporation owes or has paid the current year intangible
24	25	29	į,	30	•		Personal Property Tax due June 30. Yes No
	g. Name and Address of Curre			50 1			10. Name and Address of New Registered Agent
М	URAI, WALD, BIONDO & MOREN			81	Name		
	SE SECOND AVE STE 900	10 171		-	 		
	IAMI FL 33131			82	Stree		4e)
DAI	IAMI FE 33131			83	 	ADI	DITIONAL
				84	City		DIRECTORS FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607,1508. Fir	orida Statutes	s, the abov	e-name		
office or	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	a of Florida, Such ch	ange was au	thorized b	y the cc		urpose of changing its register at the appointment as registere
	an familiar with, and accept the oblig	jations of, Section of	Jr.0303, FIOI	iua Siaiule	15.		1
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if apolicable	(NOTE:	Registered Ag	ent signature	P recuired	winer revisiting)
12,		ND DIRECTORS		13.	<u>-</u>	- <u>-</u> -	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 TITLE		D	Change Add
NAME	ISAIAS, WILLIAM			1.2 NAME		Ba	red, Jose P.
STREET ADDRESS	10 N.W. LEJUENE RD.			1.3 STREE	T ADDRESS		25 Arvida Drive
CATY - ST - ZIP	MIAMI FL			1.4 CITY-	ST-ZIP	Co	ral Gables, FL 33156
TITLE	S		DELETE	2.1 TITLE	<u></u>	D	Change Add
NAME	FERNANDEZ, LYDIA A. (LYA	N		2.2 NAME	:	Bla	ake, John H.
STREET ADDRESS	4100 TOLEDO ST			2.3 STREE	T ADDRESS		01 Los Pinos Blvd.
CITY-ST-ZIP	CORAL GABLES FL			2. 4 CITY -			oral Gables. FL 33143
TITLE	V		DELETE	3.1 TITLE	+1. <u>5/1</u>	D	Change Addi
NAME	ARGUDIN, BERNARDO M.	_		3.2 NAME		. –	——————————————————————————————————————
STREET ADDRESS	11624 SW 101 TERRACE			2	ADDRESS		mayo, Fernando
CITY-ST-ZIP	MIAMI FL			3.4. CITY-			40 S. W. 79th Court
THILE	D		DELETE	4.1 TITLE	OI-TIL	M1/	ami, F1 33143 Change Addi
NAME	ISAIAS, ROBERTO			4. 2 NAME			Colored C. Poor
STREET ADDRESS	10 NW LEJUENE ROAD			•	ADDRESS	ľ	
CITY-ST-ZIP	MIAMI, FL 00000			4.4 CITY -		1	
TITLE	TD		DELETE	5.1 TITLE	21 - EIF	 	☐ Change ☐ Addi
NAME	ESTEFANO, ISAIAS			5.2 NAME		l	
STREET ADDRESS	10 N.W. LE JUENE RD.			1	ADDRESS	1	
	MIAMI FL					1	
CITY-ST-ZIP	D MIAMI FC		DELETE	5.4 CITY - 5	51-2IP		Change Addi
TITLE	/ -		DECETE	6.1 TITLE		ł	C) change C) Addi
NAME	PAUL, ROBERT			6.2 NAME		}	
STREET ADDRESS	200 SE 1ST ST PH			6.3 STREET	i		
CITY-ST-ZIP	MIAMI, FL 00000			6.4 CITY - 5	ST-ZIP	1	

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:

CR2E034 (10/97)