**FILED** 

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90148 048 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 371018 1. Corporation Name

REPUBLIC BANKING CORPORATION OF FLORIDA

Principal Place of Business		Mailing Address			j	`	
2800 PONCE DE LEON BLVD 2800 PONCE DE L		2800 PONCE DE LEON BLVD	LVD		,		
CORAL GABLES	FL 33134	CORAL GABLES FL 33134			DO NOT WIDITE IN THIS SPACE		
US		US			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					10/12/1970	<del></del>	
2. Principal Pla	ace of Business	2a. Mailing Address	Mailing Address		4. FEI Number	- 1 - <del></del>	plied For
21		26			59-1318959		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
~~!		27					
City & State		City & State			6. Election Campaign Financing	\$5.00 (	· ·
23		28			Trust Fund Contribution	Added to	) Fees
Zip	Zip Country Zip			1	8. This corporation owes the current year Inta		l
24	25	29 30	<u> </u>		T Gradital Troporty Tax:		□No
	9. Name and Address of Curren	Registered Agent	81		10. Name and Address of New Registered A	gent	
				Nam	e		
MURAI, WALD, BIONDO & MORENO PA 25 SOUTHEAST 2ND AVENUE			82	82 Street Address (P.O. Box Number is Not Acceptable)			
			"				
900 Ingraham BLDG.			83				
MIAMI FL 33131			ļ <u>.</u>			lest zin C	
			84	City	FL	85 Zip C	,ode
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. Thereby 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.	Signature, typed or printed name of registered agen OFFICERS AN		13.	nt signatur	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	DT C:	DELETE	1.1 TITLE		D	Change	Addition
	ISAIAS, WILLIAM	=	1.2 NAME		Bared, Jose P.		}
NAME	· · · · · · · · · · · · · · · · · · ·		1.3 STREE	T 40000		•	•
STREET ADDRESS	2800 PONCE DE LEON BLVD				1		
CITY-ST-ZIP	MIAMI FL 33134	☐ DELETE	1.4 CiTY-5	31-ZIP	Coral Gables, FL 33156	Change	Addition
TITLE	DP	□ Sereie	2.1 TITLE		D	;	
NAME	BUSTILLO, OSCAR J		2.2 NAME		Blake, John H.		
STREET ADDRESS	4627 UNIVERSITY DR		2.3 STREE			_	1
CITY-ST-ZIP	CORAL GABLES FL 33146		2. 4 CITY-	ST-ZIP_	Coral Gables, FL 33143		TE Addition
TITLE	VD _	☐ DELETE	3.1 TITLE		D	☐ Change	Addition
NAME	argudin, Bernardo M		3.2 NAME		Tamayo, Fernando		
STREET ADDRESS	11624 SW 101 TERRACE		3.3 STREE	TADORES	8 7040 S. W. 79th Court		ļ
CITY-ST-ZIP	MIAMI FL		3.4. CITY-	ST-ZIP	Miami, FL 33143		
TITLE	DC	☐ DELETE	4.1 TITLE		s	Change	Addition
NAME	ISAIAS, ROBERTO		4.2 NAME		Fernandez, Lydia A. (Lyan)		L
STREET ADDRESS	2800 PONCE DE LEON BLVD		4.3 STREE	TADDRES	\$ 4100 Toledo Street		
CITY-ST-ZIP	CORAL GABLES FL 33134		4.4 CITY-5	ST-ZIP	Coral Gables, FL 33146	·	
TITLE	D	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	ESTEFANO, ISAIAS		52 NAME				
STREET ADDRESS	2800 PONCE DE LEON BLVD		53 STREE	TADDRES	es		ł
CITY-ST-ZIP	CORAL GABLES FL 33134	J	5.4 CITY-5	ST-ZIP			}
TITLE	D	☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME	LEHR, MILTON H		6.2 NAME				l I
14-3411	weer 11 1; 17111111 1 3/17 1 1				1		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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

8440 SW 104TH ST

MIAMI FL 33156