

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 446653 (8)

1. Corporation Name
TOTALBANK

Principal Place of Business Mailing Address

2720 CORAL WAY MIAMI FL 33145-0271 **2720 CORAL WAY MIAMI FL 33145-0271**

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

02/20/1974 **05/01/1995**

4. FEI Number Applied For

59-1498440 Not Applied

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

g. Name and Address of Current Registered Agent

SCHLOSBERG, DAVID I., ESQUIRE
2720 CORAL WAY
MIAMI FL 33145-0271

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **300002193523**

84 City, **05/28/97-01077-012** 85 Zip Code

*****165.00** **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 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 registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	ARSHT FELDMAN, ADRIENNE	
STREET ADDRESS	10608 STAPLEFORD HALL DR	
CITY-ST-ZIP	POTOMAC MD	
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	HEFFERNAN, WILLIAM, J	
STREET ADDRESS	351 NE 105TH ST	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLER, BRUCE A.	
STREET ADDRESS	10899 DISCAYNE BLV, #204	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EIDELSTEIN, GARY, P	
STREET ADDRESS	2 GROVE ISLE DR #1002	
CITY-ST-ZIP	MIAMI, FL 03000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELDMAN, MYER	
STREET ADDRESS	10608 STAPLEFORD HALL DR	
CITY-ST-ZIP	POTOMAC MD	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CRUANYAS, ANGELA R.	
STREET ADDRESS	851 GE 16T STREET	
CITY-ST-ZIP	HALEAH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add:
1.2 NAME	ARSHT, ADRIENNE
1.3 STREET ADDRESS	2720 CORAL WAY
1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33145
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add:
2.2 NAME	HEFFERNAN, WILLIAM, J
2.3 STREET ADDRESS	2720 CORAL WAY
2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33138
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add:
3.2 NAME	KELLER, BRUCE A.
3.3 STREET ADDRESS	2720 CORAL WAY
3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33145
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add:
4.2 NAME	EIDELSTEIN, GARY, P
4.3 STREET ADDRESS	2720 CORAL WAY
4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33145
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add:
5.2 NAME	FELDMAN, MYER
5.3 STREET ADDRESS	2720 CORAL WAY
5.4 CITY-ST-ZIP	MIAMI, FLORIDA 33145
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add:
6.2 NAME	CRUANYAS, ANGELA R.
6.3 STREET ADDRESS	2720 CORAL WAY
6.4 CITY-ST-ZIP	MIAMI, FLORIDA 33145

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in person; that I am an officer or director of the corporation or the trustee or trust agreement, or the person who prepared the report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of changes of corporations on file in this office.

SIGNATURE: *William J. Heffernan* June 19, 1996 (305) 448-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Mailing Phone #

WILLIAM J. HEFFERNAN, PRESIDENT, CEO, DIRECTOR