FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **577237** **(1)**

1. Corporation Name
BANK OF FLORIDA IN MIAMI

Principal Place of Business	Mailing Address
6101 SUNSET DRIVE PO BOX 33143 SOUTH MIAMI FL 33143	6101 SUNSET DRIVE PO BOX 431880 SOUTH MIAMI FL 33243-1880 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/26/1978
3a. Date of Last Report: 02/17/1994

2. Principal Place of Business
21: 6101 Sunset Drive
22: Suite, Apt. #, etc.:
23: City & State: South Miami, FL
24: Zip: 33143 25: Country: USA

2a. Mailing Address
26: PO Box 431880
27: Suite, Apt. #, etc.:
28: City & State: South Miami, FL
29: Zip: 33243-1880 30: Country: USA

4. FEI Number: 59-1830335 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: John E. Kanter
82 Street Address (P.O. Box Number is Not Acceptable)
83: 6101 Sunset Drive
84 City: South Miami FL 85 Zip Code: 33143

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: John E. Kanter, President, CEO — John E. Kanter, President, CEO (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB	11 TITLE	☐ Change ☐ Addition
NAME	KANTER, JOSEPH H.	12 NAME	
STREET ADDRESS	3550 BISCAYNE BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	CFO / Sr. VP ☒ Change ☐ Addition
NAME	DOMENECH, J LUIS	22 NAME	Armando Gonzalez
STREET ADDRESS	6101 SUNSET DR	23 STREET ADDRESS	6101 Sunset Drive
CITY-ST-ZIP	S MIAMI FL	24 CITY-ST-ZIP	South Miami FL 33143
TITLE	PD	31 TITLE	CEO / President / Director ☒ Change ☐ Addition
NAME	KANTER, JOHN E.	32 NAME	
STREET ADDRESS	6101 SUNSET DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	S MIAMI FL	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	BALOFF, RHODA	42 NAME	
STREET ADDRESS	5263 SW 71 PL	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	O	51 TITLE	☐ Change ☐ Addition
NAME	ALBALADEJO, MARITZA	52 NAME	
STREET ADDRESS	6101 SUNSET DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 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: Armando Gonzalez — 4/18/95 — 305-665-1106
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
Armando Gonzalez, Sr. VP, CEO

0431430 FP