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May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION · ANNUAL REPORT **1998**

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

DOCUMENT # 747624 (5)

1. Corporation Name

SOUTH FLORIDA CHAPTER AMERICAN INSTITUTE OF BANK ING, INC.

Principal Place of Business	Mailing Address
ROOM 3704-10 MIAMI FL 33132 US	300 N E 2ND AVE BLDG #2 ROOM #2301 ROOM 3704-10 MIAMI FL 33132 US

3. Date Incorporated or Qualified: 06/13/1979
4. FEI Number: 59-1293887 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 245 NE 4th ST.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. ROOM 3704-10
23 City & State	28 City & State MIAMI, FL
24 Zip / 25 Country	29 Zip 33132 / 30 Country US

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAGUNA, CONNIE
AMERICAN INSTITUTE OF BANKING
300 NE 2ND AVENUE/RM 2301
MIAMI FL 33132

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☑ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CASTIGUA, ATHAN		1.2 NAME		
STREET ADDRESS	1801 SW 1ST ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MAIMI FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FOWLER, PETER		2.2 NAME		
STREET ADDRESS	800 BRICKELL AVE STE 900		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL		2.4 CITY-ST-ZIP		
TITLE	M	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LAGUNA, CONNIE		3.2 NAME		
STREET ADDRESS	300 NE 2ND AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE	CD	☑ Change ☐ Addition
NAME	LOWE, ROGER		4.2 NAME		
STREET ADDRESS	3737 NW 87 AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	PD	☐ Change ☑ Addition
NAME			5.2 NAME	ALEMANY, NELSON	
STREET ADDRESS			5.3 STREET ADDRESS	25 W. Flagler ST., 6TH FLOOR	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	MIAMI, FL 33130	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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

SIGNATURE: Connie Laguna Executive Dir. 5/20/98 (305) 237-3[illegible]