

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 761050 (4)**  
1. Corporation Name  
**INTERNATIONAL BANKING OPERATIONS ASSOCIATION, IN C.**



Principal Place of Business <b>801 BRICKELL AVE. 17TH FLOOR MIAMI FL 33131 US</b>		Mailing Address <b>801 BRICKELL AVE. 17TH FLOOR MIAMI FL 33131-2951 US</b>		3. Date Incorporated or Qualified <b>12/11/1981</b>	3a. Date of Last Report <b>03/13/1996</b>
2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>22-2271429</b>		Applied For Not Applicable	
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>RELIABLE AGENTS, INC. 777 BRICKELL AVENUE SUITE 900 MIAMI FL 33131</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCWILLIAM, PETER 200 S BISCAYNE BLVD #3550 MIAMI FL 33131</b> <input checked="" type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<b>President Alvear, Patricia 201 S. Biscayne Blvd. - Suite 2700 Miami, FL 33131</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SUAREZ, TERESA 100 SE 2ND ST., 13TH FLOOR MIAMI FL 33131</b> <input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<b>Director Suarez, Teresa 100 SE 2nd Street, 13th Floor Miami, FL 33131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BENITEZ, ESTHER 701 BRICKELL AVE. MIAMI FL 33131</b> <input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<b>Secretary Tapia, Cecilia 200 South Biscayne Boulevard - Suite 2700 miami, FL 33131-5300</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S AQUINO, SILVA 1 BISCAYNE TOWER, STE.-1870 MIAMI FL 33131</b> <input checked="" type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<b>Vice President Kinnaird, Eugene 2100 Ponce De Leon Blvd. - Penthouse Coral Gables, FL 33134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORENO, ROBERTO 200 S BISCAYNE BLVD., STE.-2650 MIAMI FL 33131</b> <input checked="" type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<b>Director Mejia, Rafael 801 Brickell Avenue Miami, FL 33131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MEJIA, RAFAEL D 801 BRICKELL AVE. MIAMI FL 33131</b> <input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<b>T Benitez, Esther 701 Brickell Avenue Miami, FL 33131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: *Esther Benitez* *1/22/97 (305) 521-4152*

CR2E037 (9/96)