

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 801 BRICKELL AVE. 17TH FLOOR MIAMI FL 33131 US	Mailing Address 801 BRICKELL AVE. 17TH FLOOR MIAMI FL 33131 US
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2. Principal Place of Business 21 701 Brickell Ave Suite, Apt. #, etc 22 2500 City & State 23 Miami, Fl Zip 24 33131	2a. Mailing Address 26 701 Brickell Ave Suite, Apt. #, etc 27 2500 City & State 28 Miami, Fl Zip 29 33131 Country 25 USA
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3. Date Incorporated or Qualified 12/11/1981	4. FEI Number 22-2271429	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**RELIABLE AGENTS, INC.
777 BRICKELL AVENUE
SUITE 800
MIAMI FL 33131**

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
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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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P ALVEAR, PATRICIA
STREET ADDRESS	201 S BISCAYNE BLVD, STE 2700
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	D SUAREZ, TERESA
STREET ADDRESS	100 SE 2ND ST., 13TH FLOOR
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	T BENITEZ, ESTHER
STREET ADDRESS	701 BRICKELL AVE.
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	S TAPIA, CECILIA
STREET ADDRESS	200 S BISCAYNE BLVD, STE 2700
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	D MEJIA, RAFAEL
STREET ADDRESS	801 BRICKELL AVE
CITY-ST-ZIP	MIAMI FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VP KINNAIRD, EUGENE
STREET ADDRESS	2100 PONCE DE LEON BLVD-PENTHOUSE
CITY-ST-ZIP	CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Treasurer & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Maria A. Vazquez
4.3 STREET ADDRESS	777 Brickell Ave
4.4 CITY-ST-ZIP	Miami, Fl 33131
5.1 TITLE	President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	VP & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Arthur Lewis
6.3 STREET ADDRESS	2875 N.E. 191 Street
6.4 CITY-ST-ZIP	Miami, Fl 33180

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: *[Signature]* *Esther Benitez* 1/12/98 536-6152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)