

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 761050

FILED
Apr 17, 2003
Secretary of State

Entity Name: INTERNATIONAL BANKING OPERATIONS ASSOCIATION, INC.

Current Principal Place of Business:

8600 NW 36 STREET
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

8600 NW 36TH STREET
MIAMI, FL 33166 US

New Mailing Address:

FEI Number: 22-2271429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RELIABLE AGENTS, INC.
777 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: ESCALONA, ROMBERTO
Address: ONE BISCAYNE TOWER
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: MCWILLIAM, PETER
Address: 200 S. BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33131

Title: TD () Delete
Name: SOSA, OSCAR
Address: 200 S. BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: RYAN, JACK A
Address: 8600 NW 36TH STREET
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: MEJIA, RAFAEL
Address: 8600 NW 36TH STREET
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: ALVEAR, PATRICIA
Address: 801 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL D. MEJIA

P

04/17/2003

Electronic Signature of Signing Officer or Director

Date