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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 4:24

DOCUMENT # F24262 (0)

1. Corporation Name
EXECUTIVE BANKING CORPORATION

Principal Place of Business	Mailing Address
9600 N. KENDALL DR. MIAMI FL 33176-1919	9600 N. KENDALL DR. MIAMI FL 33176-1919

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/12/1981
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-2093771 ☐ 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

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

VALDES-FAULI, RAUL J.
3400 ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD.
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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	1.1 TITLE	D	☐ Change ☒ Addition
NAME	SAFIE, ALEJANDRO T.	1.2 NAME	SCHWEITZER, G. M.	
STREET ADDRESS	9600 N KENDALL DRIVE	1.3 STREET ADDRESS	9600 N KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	EVPD	2.1 TITLE	D	☐ Change ☒ Addition
NAME	SAFIE, CARLOS A.	2.2 NAME	KANE, MONTE	
STREET ADDRESS	9600 N KENDALL DRIVE	2.3 STREET ADDRESS	9600 N KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL.	2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33176	
TITLE	D	3.1 TITLE	D	☐ Change ☒ Addition
NAME	WHITMAN, IRVING J.	3.2 NAME	ADLER, IRWIN M.	
STREET ADDRESS	9600 N KENDALL DRIVE DELETE	3.3 STREET ADDRESS	9600 N KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	D	4.1 TITLE	SRVP.D	☐ Change ☒ Addition
NAME	EDE, ELIAS N.	4.2 NAME	BERDY, RICHARD	
STREET ADDRESS	9600 N KENDALL DRIVE	4.3 STREET ADDRESS	9600 N KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	GARDNER, HARVEY A., JR.	5.2 NAME		
STREET ADDRESS	9600 N KENDALL DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MENDELSOHN, MELVIN L.	6.2 NAME		
STREET ADDRESS	9600 N KENDALL DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	6.4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ EVP 3/3/95 305-223-2911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0103410 CP