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Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F24262 (0)
1. Corporation Name
EXECUTIVE BANKING CORPORATION

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

Mailing Address
9600 N. KENDALL DR.
MIAMI FL 33176-1919



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/12/1981		3a. Date of Last Report 04/05/1996	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		4. FEI Number 59-2093771		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		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

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

Signature of person placed as new 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	P	1.1 TITLE	D
NAME	SAFIE, ALEJANDRO T	1.2 NAME	MARCELO ALVAREZ
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 33176-1919
TITLE	D	2.1 TITLE	D
NAME	KANE, MONTE	2.2 NAME	ELIAS N. EDE
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, FL 33176-1919
TITLE	D	3.1 TITLE	D
NAME	DR. LAWRENCE SCHIMMEL	3.2 NAME	G.M. SCHWEITZER
STREET ADDRESS	9600 N KENDALL DRIVE	3.3 STREET ADDRESS	9600 N. Kendall Drive
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33176-1919
TITLE	SRVP	4.1 TITLE	
NAME	BERDY, RICHARD	4.2 NAME	
STREET ADDRESS	9600 N KENDALL DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
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	CEO	6.1 TITLE	
NAME	CARLOS A SAFIE	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97 305-7745382
Date Daytime Phone #

CR2E034 (9/96)