

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:12

DOCUMENT # G46037 (9)

1. Corporation Name
INTERNATIONAL FINANCE BANK

Principal Place of Business

8534 S.W. 8TH ST.
P.O. BOX 441900
MIAMI FL 33144

Mailing Address

8534 S.W. 8TH ST.
P.O. BOX 441900
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/23/1983	3a. Date of Last Report 07/19/1994
4. FEI Number 59-2327185	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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	29 Country
24	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when name/address)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	AGUIRRE, JAVIER
STREET ADDRESS	44 E 67 ST
CITY- ST- ZIP	NEW YORK NY
TITLE	DP
NAME	LONDONO, ROBERT M
STREET ADDRESS	9530 SW 68 AVE
CITY- ST- ZIP	MIAMI FL
TITLE	SVP
NAME	SOLARANA, PHILIP
STREET ADDRESS	2030 COUNTRY CLUB PRADO
CITY- ST- ZIP	CORAL GABLES FL
TITLE	D
NAME	DIAZ, RICHARD
STREET ADDRESS	8248 NW 154 TR
CITY- ST- ZIP	MIAMI LAKES FL
TITLE	V
NAME	CABRERA, LIDIA
STREET ADDRESS	502 NW 87 AVE.
CITY- ST- ZIP	MIAMI FL
TITLE	DV
NAME	LOPEZ-CASTRO, JR. A
STREET ADDRESS	1136 ALHAMBRA CIRCLE
CITY- ST- ZIP	CORAL GABLES FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), 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. 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 REGISTERED OFFICER OR DIRECTOR

1/17/95

(305) 374-5959