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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G46037**

1. Corporation Name
INTERNATIONAL FINANCE BANK

Principal Place of Business	Mailing Address
MAIN OFFICE 1432 BRICKELL AVENUE MIAMI FL 33131	~~P O BOX 441900~~ ~~MIAMI FL 33144~~ US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 1432 BRICKELL AV	3. Date Incorporated or Qualifed 06/23/1983	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 MIAMI FL	4. FEI Number 59-2327185	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 33131 USA	5. Certifcate of Status Desired ☒	**$8.75** Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUDD, MARIA 1432 BRICKELL AVENUE MIAMI FL 33131	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	VP	☐ DELETE	1.1 TITLE	President/CEO/D	☒ Change ☐ Addition
NAME	GRANJA, SANTIAGO		1.2 NAME	Ruben D. Gomez	
STREET ADDRESS	206 NE 2ND AVENUE		1.3 STREET ADDRESS	888 Brickell Key Dr. #2407	
CITY-ST-ZIP	DANIA FL 33004		1.4 CITY-ST-ZIP	Miami, Florida 33131	
TITLE	COOD	☐ DELETE	2.1 TITLE	EVP	☐ Change ☒ Addition
NAME	GOMEZ, RUBEN D		2.2 NAME	Nelson Alvarado	
STREET ADDRESS	888 BRICKELL KEY DRIVE, APT. 907		2.3 STREET ADDRESS	9215 S.W. 71 Ave.	
CITY-ST-ZIP	MIAMI FL 33131		2.4 CITY-ST-ZIP	Pinecrest, Florida 33156	
TITLE	EVP	☒ DELETE	3.1 TITLE	SVP/CIO/ Treasurer	☒ Change ☐ Addition
NAME	BRITTI, ELISEO		3.2 NAME	Manuel E. Collazo, Jr.	
STREET ADDRESS	7045 S.W. 107TH TERRACE		3.3 STREET ADDRESS	1918 N.W.171 Ave.	
CITY-ST-ZIP	MIAMI FL 33156		3.4 CITY-ST-ZIP	Pembroke Pines, FL. 33028	
TITLE	VP	☐ DELETE	4.1 TITLE	SVP/COO	☒ Change ☐ Addition
NAME	HARDUVEL, T. GEORGE		4.2 NAME	Santiago Granja	
STREET ADDRESS	8980 S.W. 56TH TERRACE		4.3 STREET ADDRESS	206 NE 2nd Ave.	
CITY-ST-ZIP	MIAMI FL 33173		4.4 CITY-ST-ZIP	Dania, Florida 33004	
TITLE	VPT	☐ DELETE	5.1 TITLE	VP/Financial COmptroller	☐ Change ☒ Addition
NAME	CALLAZO, MANUEL E JR.		5.2 NAME	Christine Gonzalez	
STREET ADDRESS	8533 S.W. 5TH STREET, #205		5.3 STREET ADDRESS	3900 S.W. 60th Ave.	
CITY-ST-ZIP	PEMBROKE PINES FL 33025		5.4 CITY-ST-ZIP	Miami, Florida 33155	
TITLE	VP	☒ DELETE	6.1 TITLE	VP/Sr. Domestic Lending Officer	☒ Change ☐ Addition
NAME	HERNANDEZ, DARIO		6.2 NAME	T. George Harduvel	
STREET ADDRESS	1910 S.W. 125TH COURT		6.3 STREET ADDRESS	8980 S.W. 56 Terr.	
CITY-ST-ZIP	MIAMI FL 33173		6.4 CITY-ST-ZIP	Miami, Fl. 33173	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/20/99 305 374 5959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)