

**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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # G75674 (3)**

1. Corporation Name  
**METRO BANK OF DADE COUNTY**

Principal Place of Business Mailing Address  
**1390 S. DIXIE HIGHWAY 1390 S. DIXIE HIGHWAY  
CORAL GABLES FL 33146 CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/21/1983** 3a. Date of Last Report **04/08/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2360317		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
23		29		30		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip	25	Country	29	Zip	30	Country

**9. Name and Address of Current Registered Agent**

**Daniel C. Egglund  
1390 So. Dixie Highway  
Coral Gables, FL 33146**

**10. Name and Address of New Registered Agent**

01	Name
02	Street Address (P.O. Box Number is Not Acceptable)
03	
04	City
FL	05 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, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EGGLAND, DANIEL C.	1.2 NAME	Leonard Rothenberg
STREET ADDRESS	7395 SW 166TH STREET	1.3 STREET ADDRESS	8970 SW 87 Ct. #21
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	Miami, FL 33176
TITLE	D	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MINTZ, LAWRENCE	2.2 NAME	Marc Sakoff
STREET ADDRESS	2333 BRICKELL AVE.	2.3 STREET ADDRESS	2352 Ponce de Leon Blvd
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	Coral Gables, FL 33134
TITLE	D	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELCHER JR, J ANTHONY	3.2 NAME	Brenda Shapiro
STREET ADDRESS	9425 SW 94TH ST	3.3 STREET ADDRESS	44 W. Flagler St. #750
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	Miami, FL 33130
TITLE	D	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'ROURKE, JACK	4.2 NAME	Robert I. Shapiro
STREET ADDRESS	7261 SW 146 ST. CIR	4.3 STREET ADDRESS	9990 SW 77 Ave. PH7
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	Miami, FL 33156
TITLE	D	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAVENCK, FRED S	5.2 NAME	Mario E. Toca
STREET ADDRESS	369 LEUCADENDRA DR	5.3 STREET ADDRESS	5725 SW 77 Terr.
CITY - ST - ZIP	CORAL GABLES FL	5.4 CITY - ST - ZIP	Miami, FL 33143
TITLE	C	6.1 TITLE	DEVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEDER, NATHAN I	6.2 NAME	Gary D. Moss
STREET ADDRESS	10240 SW 128TH ST	6.3 STREET ADDRESS	12205 SW 69 Pl.
CITY - ST - ZIP	MIAMI FL	6.4 CITY - ST - ZIP	Miami, FL 33156

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 110.07(3)(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; that I am an officer or director of the corporation or the holder of the sole 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:**

*Daniel C. Egglund*

**Daniel C. Egglund**

**(305) 662-1390**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiration (If any)