

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H10128 (7)
1. Corporation Name
GULF BANK

Principal Place of Business 3400 CORAL WAY 7TH FLOOR MIAMI FL 33145 US	Mailing Address 3400 CORAL WAY 7TH FLOOR MIAMI FL 33145-3053 US
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2. Principal Place of Business 21 3400 Coral Way Suite, Apt. #, etc. 22 City & State 23 Miami, FL 24 Zip 33145 25 Country DADE		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 06/18/1984	3a. Date of Last Report 04/04/1996
				4. FEI Number 59-2413444	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	VP	Vice-President & Comptroller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARLEY, DAVID A.		1.2 NAME	Yolanda Flores			
STREET ADDRESS	7940 S.W. 172 TERRACE		1.3 STREET ADDRESS	958 N.W. 97th Place			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33178			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	Delete Douglas Helsper, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COOMER, JUANITA H		2.2 NAME	from list of officers			
STREET ADDRESS	8000 N. KENDALL DR.		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33156		2.4 CITY-ST-ZIP				
TITLE	CD	<input type="checkbox"/> DELETE	3.1 TITLE	Delete Russell Rice, P,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BONILLA-MATHE, SALVADOR		3.2 NAME				
STREET ADDRESS	1925 BRICKELL AVE.		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	BEFELER, GEORGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEFELER, GEORGE		4.2 NAME	100 S.E. 2nd Street			
STREET ADDRESS	150 W FLAGLER STE 2701		4.3 STREET ADDRESS	Miami, FL 33131			
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NOSTRAND, STEPHEN		5.2 NAME				
STREET ADDRESS	3191 CORAL WAY, SUITE 634		5.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REYES, MANOLO		6.2 NAME				
STREET ADDRESS	3863 S. BAYSHORE DR.		6.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33133		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 its 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.

SIGNATURE: YOLANDA FLORES 4/28/97 443-4853 xt 109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)