

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

FILED

Mar 08 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H10128

1. Corporation Name
GULF BANK

Principal Place of Business

3400 CORAL WAY
MIAMI FL 33145
US

Mailing Address

3400 CORAL WAY
7TH FLOOR
MIAMI FL 33145
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30



03/08/99 90014 010:150.00
DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

06/18/1984

4. FEI Number

59-2413444

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
MARLEY, DAVID A.
STREET ADDRESS
7940 S.W. 172 TERRACE
CITY-STATE-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
COOMER, JUANITA H
STREET ADDRESS
8000 N. KENDALL DR.
CITY-STATE-ZIP
MIAMI FL 33158

TITLE ☐ DELETE

NAME
BONILLA-MATHE, SALVADOR
STREET ADDRESS
1925 BRICKELL AVE.
CITY-STATE-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
BEFELER, GEORGE
STREET ADDRESS
100 S.E. 2ND STREET
CITY-STATE-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
NOSTRAND, STEPHEN
STREET ADDRESS
3181 CORAL WAY, SUITE 634
CITY-STATE-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
REYES, MANOLO
STREET ADDRESS
3663 S. BAYSHORE DR.
CITY-STATE-ZIP
MIAMI FL 33133

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/99

305-443-4853

F 3/16

CR2E034 (1/198)