FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # H16239 (6)

1. Corporation Name

PANAMERICAN BANK

Principal Place of Business
888 BRICKELL AVENUE
MIAMI FL 33131

Mailing Address
888 BRICKELL AVENUE
MIAMI FL 33131

3. Date Incorporated or Qualified: 08/13/1984

3a. Date of Last Report: 02/02/1995

4. FEI Number: 59-2386751 ☐ 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 21 ____ Suite, Apt # etc. 22 ____ City & State 23 ____ Zip 24 ____ Country 25 ____

2a. Mailing Address 26 ____ Suite, Apt #, etc. 27 ____ City & State 28 ____ Zip 29 ____ Country 30 ____

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	TRUPPMAN, EDWARD	
STREET ADDRESS	888 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	GONZALEZ, HUMBERTO J	
STREET ADDRESS	888 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☐ DELETE
NAME	SCHWARTZ, BARRY M.	
STREET ADDRESS	888 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	PANCOAST, LESTER C.	
STREET ADDRESS	888 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	MURAI, RENE V.	
STREET ADDRESS	888 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	ARELLANO, AGUSTIN R.	
STREET ADDRESS	888 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	☐ Change ☒ Addition
1.2 NAME	DR. LUIS ALBERTO ORTEGA TRUJILLO	
1.3 STREET ADDRESS	888 BRICKELL AVE	
1.4 CITY-ST-ZIP	MIAMI, FL 33131	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	ROBERTO CHAVARRIA	
2.3 STREET ADDRESS	888 BRICKELL AVE	
2.4 CITY-ST-ZIP	MIAMI, FL 33131	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	GLENN GOLDHAGEN	
3.3 STREET ADDRESS	888 BRICKELL AVE	
3.4 CITY-ST-ZIP	MIAMI, FL 33131	
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME	EDWARD TRUPPMAN	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	BARRY M. SCHWARTZ	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	S/D	☒ Change ☐ Addition
6.2 NAME	HUMBERTO J. GONZALEZ	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(3)(k), 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 or is attached on an attachment with an address.

SIGNATURE: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)