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

DOCUMENT # **J38836** **(9)**

1. Corporation Name

CONSUMERS SAVINGS BANK

Principal Place of Business	Mailing Address
12651 SOUTH DIXIE HIGHWAY MIAMI FL 33156	12651 SOUTH DIXIE HIGHWAY MIAMI FL 33156

3. Date Incorporated or Qualified: **10/21/1986**

3a. Date of Last Report: **03/02/1995**

2. Principal Place of Business	2a. Mailing Address
21 9400 S. Dadeland Blvd	26 9400 S. Dadeland Blvd.
Suite, Apt. #, etc. 22 Suite 620	Suite, Apt. #, etc. 27 Suite 620
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip / Country 24 33156 / 25 USA	Zip / Country 29 33156 / 30 USA

4. FEI Number: **59-2645572** ☐ 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

9. Name and Address of Current Registered Agent

N/A pursuant to Section 607 of the Florida Statutes pertaining to registered agents for Banks.

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SIMON,GARY P.		1.2 NAME		
STREET ADDRESS	6465 S.W. 110TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, DONNA M.		2.2 NAME		
STREET ADDRESS	5110 GRANADA BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		2.4 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LUNAK,THOMAS E.		3.2 NAME		
STREET ADDRESS	11100 N.W. 17 COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BONNET,ROBERT L.		4.2 NAME		
STREET ADDRESS	18127 N.W. 66 COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE	VP	☒ Change ☐ Addition
NAME	VALDIVIA, CARMEN		5.2 NAME	Doane, Doris	
STREET ADDRESS	11020 SW 139 RD		5.3 STREET ADDRESS	11601 N.W. 11 Street	
CITY-ST-ZIP	MIAMI FL 33176		5.4 CITY-ST-ZIP	Pembroke Pines, FL 33026	
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JONES, WARREN A.		6.2 NAME		
STREET ADDRESS	132 BAHAMA ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL		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 if changed, or on an attachment with an address.

SIGNATURE: Donna S. Jones 01/29/96 (305) 670-1050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)