SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

8885 SW 182 ST.

MIAMI FL

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J55732

(8)

BANKERS SAVINGS BANK

FILED Sep 19 1997 8:00am Secretary of State

2222 PONCE	e of Business DE LEON BLVD.	Mailing Address 2222 PONCE DE LEO	N BLVD.			8)
CORAL GABLES FL 33143		CORAL GABLES FL 33143		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	3a. Date of Last Report
					02/06/1987	05/01/1996
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2666937	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State	<u></u>		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Žip	_	untry	8. This corporation owes or has pa	
24	25 9. Name and Address of Curre	ent Registered Agent	30		Personal Property Tax due June 10. Name and Address of New Re	
	F. Hame Bill Addiess of Cult	aus maßistatan wägitt		81 Name	TO. Maille allo Address Of New Re	Risteren Whenr
				82 Street	Address (P.O. Box Number is Not Acceptat	ote)
				83		
				84 City	•	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Sta	atules, the a	above-named	corporation submits this statement for the p	ourpose of changing its registered
l office or r	registered agent, or both, in the Sta am familiar with, and accept the obli	ite of Florida. Such change wa	as authorize	ed by the coru	poration's board of directors. I hereby accept	pt the appointment as registered
SIGNATURE		-ga				
	Signature, typed or printed name of registered a			ed Agent signature	required when reinstating)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	SD DOLAN WILLIAM W	DEFELE.	1.11	IIT! F		0, -1 1
NAME	DOLAN, WILLIAM W.				V	Change X Addition
STREET ADDRESS	PH-6, 1 GROVE ISLE		The state of the s	NAME	Enid Cline	Change X Addition
CITY-ST-ZIP			1.3 \$	NAME STREET ADDRESS	Enid Cline 19707 SW 87 Ct.	Change X Addition
	CORAL GABLES FL	Driver	1.3 S	NAME Street address City-St-Zip	Enid Cline 19707 SW 87 Ct. Miami, Fl 33157	
TITLE	CD	DELETE	1.3 S 1.4 C 2.1 T	NAME STREET ADDRESS CITY-ST-ZIP	Enid Cline 19707 SW 87 Ct. Miami, Fl 33157 V	Change X Addition Change X Addition
NAME	CD ARTHUR SHAPIRO, MD.	☐ DELETE	1.3 S 14 C 2.1 T 2.2 M	NAME Street Address City-St-Zip Vitle NAME	Enid Cline 19707 SW 87 Ct. Miami, Fl 33157 V Margaret Simpson	
NAME STREET ADDRESS	CD ARTHUR SHAPIRO, MD. 3141 ROYAL PALM AVE.	☐ DELETE	1.3 S 1.4 C 2.1 T 2.2 M 2.3 S	NAME STREET ADDRESS CITY-ST-ZIP CITLE NAME STREET ADDRESS	Enid Cline 19707 SW 87 Ct. Miami, Fl 33157 V Margaret Simpson 13149 SW 95 Ave.	
NAME STREET ADDRESS CITY-ST-ZIP	CD ARTHUR SHAPIRO, MD. 3141 ROYAL PALM AVE. MIAMI FL		1.3 S 1.4 C 2.1 T 2.2 M 2.3 S 2.4 C	NAME STREET ADDRESS CITY-ST-ZIP VAME STREET ADDRESS CITY-ST-ZIP	Enid Cline 19707 SW 87 Ct. Miami, Fl 33157 V Margaret Simpson 13149 SW 95 Ave. Miami, Fl 33176	Change X Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	CD ARTHUR SHAPIRO, MD. 3141 ROYAL PALM AVE. MIAMI FL V	DELETE	13 S 14 C 2.1 T 2.2 M 2.3 S 2.4 G 3.1 T	NAME STREET ADDRESS CITY-ST-ZIP VAME STREET ADDRESS CITY-ST-ZIP TITLE	Enid Cline 19707 SW 87 Ct. Miami, Fl 33157 V Margaret Simpson 13149 SW 95 Ave. Miami, Fl 33176 V	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CD ARTHUR SHAPIRO, MD. 3141 ROYAL PALM AVE. MIAMI FL V LUNGER, RONALD A.		13 S 14 C 21 T 22 M 2.3 S 2.4 4 3.1 T 3.2 M	NAME STREET ADDRESS SITY-ST-ZIP HITLE VAME STREET ADDRESS CITY-ST-ZIP HITLE NAME	Enid Cline 19707 SW 87 Ct. Miami, Fl 33157 V Margaret Simpson 13149 SW 95 Ave. Miami, Fl 33176 V Abel Montuori	Change X Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CD ARTHUR SHAPIRO, MD. 3141 ROYAL PALM AVE. MIAMI FL V LUNGER, RONALD A. 14060 S.W. 106TH ST.		1.3 S 1.4 C 2.1 T 2.2 M 2.3 S 2.4 (3.1 T 3.2 M 3.3 S	NAME STREET ADDRESS CHY-ST-ZIP GRAME STREET ADDRESS CHY-ST-ZIP HILE NAME STREET ADDRESS STREET ADDRESS	Enid Cline 19707 SW 87 Ct. Miami, Fl 33157 V Margaret Simpson 13149 SW 95 Ave. Miami, Fl 33176 V Abel Montuori 515 NE 115 St.	Change X Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CD ARTHUR SHAPIRO, MD. 3141 ROYAL PALM AVE. MIAMI FL V LUNGER, RONALD A. 14060 S.W. 106TH ST. MIAMI FL D SHAPIRO, ARTHUR 3141 ROYAL PALM AVE MIAMI BCH FL D JOHN CHRISTIAN HANSEN 9998 SW 143 ST.	☐ DELETE	138 140 211 22h 238 2.44 311 32h 335 34.6 4.17 4.21 4.38 4.40 5.11 5.28	NAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS CITY-ST-ZIP	Enid Cline 19707 SW 87 Ct. Miami, Fl 33157 V Margaret Simpson 13149 SW 95 Ave. Miami, Fl 33176 V Abel Montuori 515 NE 115 St. Biscayne Park, Fl P Octavio Hernandez 12850 SW 147 Ln Ro Miami, Fl 33186 V Margarita Menende: 1440 SW 31 Ave.	Change Addition Change Addition Change Addition Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CD ARTHUR SHAPIRO, MD. 3141 ROYAL PALM AVE. MIAMI FL V LUNGER, RONALD A. 14060 S.W. 106TH ST. MIAMI FL D SHAPIRO, ARTHUR 3141 ROYAL PALM AVE MIAMI BCH FL D JOHN CHRISTIAN HANSEN	☐ DELETE	138 140 211 22h 238 2.44 311 32h 335 34.6 4.17 4.21 4.38 4.40 5.11 5.28	NAME STREET ADDRESS CITY-ST-ZIP UITLE NAME STREET ADDRESS CITY-ST-ZIP	Enid Cline 19707 SW 87 Ct. Miami, Fl 33157 V Margaret Simpson 13149 SW 95 Ave. Miami, Fl 33176 V Abel Montuori 515 NE 115 St. Biscayne Park, Fl P Octavio Hernandez 12850 SW 147 Ln Ro Miami, Fl 33186 V Margarita Menende	Change Addition Change Addition Change Addition Change Addition

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 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.

6.3 STREET ADDRESS

Document # J55732 (8)

BANKERS SAVINGS BANK 1997 Corporation Annual Report Officers/Directors in addition to those listed in Block 12

D Jack Levine 4390 Pine Tree Dr. Miami Beach, Fl 33140

D Frances Everett 9650 N. Bayshore Dr. Miami Shores, Fl 33138

D James Murphy 2843 S. Bayshore Dr. #3E Coconut Grove, Fl Delete

V Maria Torres 304 NW 136 Place Miami, FL Delete