FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:53

DOCUMENT # **M32230** **(8)**

1. Corporation Name
INTERNATIONAL BANCORP OF MIAMI, INC.

Principal Place of Business	Mailing Address
2121 SW THIRD AVE LEIDA LLERENA MIAMI FL 33129 US	2121 SW THIRD AVE LEIDA LLERENA MIAMI FL 33129 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1986
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-2678471 ☐ 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

LLERENA, LEIDA
2121 S.W. 3RD AVE.
MIAMI FL 33129

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	11 TITLE	D	☐ Change ☑ Addition
NAME	SOLER, FRANCISCO A.	12 NAME	WILLIAM D. ATWILL	
STREET ADDRESS	2121 SW 3 AVE 5TH FLR	13 STREET ADDRESS	2121 SW 3RD AVE 5THFLR	
CITY ST ZIP	MIAMI FL 33129	14 CITY ST ZIP	MIAMI, FL 33129	
TITLE	D	21 TITLE	D &SVP	☐ Change ☑ Addition
NAME	POMA, RICARDO J.	22 NAME	ALBA PRESTAMO	
STREET ADDRESS	2121 SW 3 AVE 5TH FLR	23 STREET ADDRESS	2121 SW 3RD AVE 4TH FLR	
CITY ST ZIP	MIAMI FL 33129	24 CITY ST ZIP	MIAMI FL 33129	
TITLE	DP	31 TITLE	D &SVP	☐ Change ☑ Addition
NAME	VALDES, ALBERTO	32 NAME	EDWARD FARAH	
STREET ADDRESS	2121 SW 3 AVE 5TH FLR	33 STREET ADDRESS	2121 SW 3RD AVE 5TH FLR	
CITY ST ZIP	MIAMI FL 33129	34 CITY ST ZIP	MIAMI FL 33129	
TITLE	D	41 TITLE	S	☐ Change ☑ Addition
NAME	RIBADENEIRA, DIEGO T.	42 NAME	GUILLERMO NOSSEL	
STREET ADDRESS	2121 SW 3 AVE 5TH FLR	43 STREET ADDRESS	2121 SW 3RD AVE 4TH FLR	
CITY ST ZIP	MIAMI FL 33129	44 CITY ST ZIP	MIAMI FL 33129	
TITLE	D	51 TITLE		☑ Change ☐ Addition
NAME	POMA, EDUARDO	52 NAME		
STREET ADDRESS	2121 SW 3RD AVE., 5TH FL	53 STREET ADDRESS	DELETE	
CITY ST ZIP	MIAMI FL 33129 DELETE	54 CITY ST ZIP		
TITLE	D	61 TITLE	D	☐ Change ☑ Addition
NAME	MEJIA, CARLOS J.	62 NAME	AMADO VINA	
STREET ADDRESS	2121 SW 3RD AVE 5TH FL	63 STREET ADDRESS	2121 SW 3RD AVE 5TH FLR	
CITY ST ZIP	MIAMI FL 33129	64 CITY ST ZIP	MIAMI, FL. 33129	

14. I do hereby certify that the information supplied with this filing is validly furnished and 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.

SIGNATURE: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0126473 CP