

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M32230 (8)**

1. Corporation Name  
**INTERNATIONAL BANCORP OF MIAMI, INC.**



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

3. Date Incorporated or Qualified: **05/16/1986** 3a. Date of Last Report: **03/30/1995**  
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

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

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  
85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOLER, FRANCISCO A.</b>	1.2 NAME	
STREET ADDRESS	<b>2121 SW 3 AVE 5TH FLR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POMA, RICARDO J.</b>	2.2 NAME	
STREET ADDRESS	<b>2121 SW 3 AVE 5TH FLR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALDES, ALBERTO</b>	3.2 NAME	
STREET ADDRESS	<b>2121 SW 3 AVE 5TH FLR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIBADENEIRA, DIEGO T.</b>	4.2 NAME	
STREET ADDRESS	<b>2121 SW 3 AVE 5TH FLR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ATWILL, WILLIAM D</b>	5.2 NAME	
STREET ADDRESS	<b>2121 SW 3RD AVE., 5TH FL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEJIA, CARLOS J.</b>	6.2 NAME	
STREET ADDRESS	<b>2121 SW 3RD AVE 5TH FL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certifies 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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name 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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E034 (12/95)