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
Jun 20, 1996 08:00 AM
Secretary of State

DOCUMENT # **M43355** **(0)**

1. Corporation Name
BANKEST CAPITAL CORP.

Principal Place of Business	Mailing Address
1395 BRICKWELL AVE 7TH FLOOR MIAMI FL 33131-1809 US	SCHEER, MARK, J., ESQ ONE BISCAYNE TWR., #3400 MIAMI FL 33131-1809 US

3. Date Incorporated or Qualified: 12/16/1986
3a. Date of Last Report: 04/14/1995

2. Principal Place of Business
21 ___
Suite, Apt #, etc
22 ___
City & State
23 ___
Zip 24 ___ Country 25 ___

2a. Mailing Address
26 1395 BrickellAve
Suite, Apt #, etc
27 7th Floor
City & State
28 Miami Fl
Zip 29 33131 Country 30 U.S.A.

4. FEI Number: 59-2763892 ☐ 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

VALDES-FAULI CORPORATE SERVICES INC
2 S. BISCAYNE BLVD.
SUITE 3400
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: R. Peter Stanham
82 Street Address (P.O. Box Number is Not Acceptable): Bankest Capital Corp
83 1395 Brickell Avenue
84 City: Miami FL 85 Zip Code: 33131

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: X [signature] DATE: 6/10/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ORLANSKY, EDUARDO	
STREET ADDRESS	1395 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	ORLANSKY, HECTOR	
STREET ADDRESS	1395 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	☐ DELETE
NAME	STANHAM, PETER	
STREET ADDRESS	1395 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***225.00

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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)(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: [signature] 03/11/96 305-358-7610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

R. Peter Stanham / Director