

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N05130 (2)

1. Corporation Name

TREASURY MANAGEMENT ASSOCIATION OF SOUTH FLORIDA
INC.

Principal Place of Business

DEPARTMENT #210435
MIAMI FL 33121

Mailing Address

DEPARTMENT #210435
MIAMI FL 33121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/13/1984

3a. Date of Last Report
02/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-2452478

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELAP, DON J.
C/O DCSEFCU ACCOUNTING DEPARTMENT
7800 SW 117 AVENUE
MIAMI FL 33183

81 Name

Shaun L. Carey

82 Street Address (P.O. Box Number is Not Acceptable)

1050 Caribbean Way

83

c/o Royal Caribbean Cruises Ltd.

84 City

Miami

FL

85 33132

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Shaun L. Carey, Treasurer

9/9/97

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 PD
NAME GLASSMAN, JEAN
STREET ADDRESS 5216 SW 141 PL
CITY-ST-ZIP MIAMI FL

☒ DELETE

1.1 TITLE PD
1.2 NAME Jobson, Curt
1.3 STREET ADDRESS c/o Barnett Bank
1.4 CITY-ST-ZIP 701 Brickell Ave
Miami, FL 33131

☒ Change ☐ Addition

TITLE VD
NAME DEBASIO, DAVID
STREET ADDRESS SUN BANK MIAMI-777 BRICKELL AVE.
CITY-ST-ZIP MIAMI FL 33131

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME BUETTNER, MIKE
STREET ADDRESS AVATAR HOLDING-255 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES FL 33134

☒ DELETE

3.1 TITLE TD
3.2 NAME Carey, Shaun L.
3.3 STREET ADDRESS c/o Royal Caribbean Cruises Ltd.
3.4 CITY-ST-ZIP 1050 Caribbean Way, Miami, FL 33132

☒ Change ☐ Addition

TITLE RSD
NAME LARUSSA, LYNNE
STREET ADDRESS SUNTRUST BANK, 777 BRICKELL AVE
CITY-ST-ZIP MIAMI FL

☒ DELETE

4.1 TITLE RSD
4.2 NAME Gibson, Antje
4.3 STREET ADDRESS c/o Royal Caribbean Cruises Ltd.
4.4 CITY-ST-ZIP 1050 Caribbean Way, Miami, FL 33132

☒ Change ☐ Addition

TITLE CSD
NAME TOSTESON, MARIA
STREET ADDRESS PCA, 5835 BLUE LAGOON DR.
CITY-ST-ZIP MIAMI FL 33126

☒ DELETE

5.1 TITLE CSD
5.2 NAME Calleiro, Ana
5.3 STREET ADDRESS c/o Amstar Insurance Co.
5.4 CITY-ST-ZIP 3401 NW 82nd Ave, Suite #100, Miami

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Shaun L. Carey, Treasurer

(355) 539

CR2E037 (4/97)