

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90022 021 ****61.25

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1. Entity Name
SOUTH FLORIDA BANKING INSTITUTE, INC.



Principal Place of Business
28801 SW 157 AVENUE
HOMESTEAD, FL 33033

Mailing Address
PO BOX 56-2272
MIAMI, FL 33256 US

40014806



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0847792

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIPE, DANIEL P PRES.
28801 SW 157 AVENUE
HOMESTEAD, FL 33033

7. Name and Address of New Registered Agent

Name Alex SUEIRO
Street Address (P.O. Box Number is Not Acceptable)
2121 Ponce de Leon Blvd St. 650
City Coral Gables FL Zip Code 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME LIPE, DANIEL P
STREET ADDRESS 28801 SW 157 AVENUE
CITY-ST-ZIP HOMESTEAD, FL 33033 ☐ Delete

TITLE VP
NAME REGO, MORRIS
STREET ADDRESS 3275 NW 87 AVENUE
CITY-ST-ZIP MIAMI, FL 33172 ☐ Delete

TITLE VP
NAME DOSAL, ERIC L
STREET ADDRESS 8399 NW 30 TERRACE
CITY-ST-ZIP MIAMI, FL 33122 ☐ Delete

TITLE VP
NAME FRANQUI, LARRY
STREET ADDRESS 9100 NW 36 STREET
CITY-ST-ZIP MIAMI, FL 33152 ☐ Delete

TITLE VP
NAME SUEIRO, ALEX
STREET ADDRESS 2121 PONCE DE LEON BLVD #650
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President
NAME DOMINIC SUSZEK
STREET ADDRESS 8771 SW 129 Terrace
CITY-ST-ZIP MIAMI, FL 33196 ☐ Change ☐ Addition

TITLE VP
NAME Diane Delella
STREET ADDRESS 16155 SW 117 Ave, Units
CITY-ST-ZIP MIAMI, FL 33177 ☐ Change ☐ Addition

TITLE VP
NAME Maria Elena Corp
STREET ADDRESS 2701 S. Bayshore Drive
CITY-ST-ZIP MIAMI, FL 33133 ☐ Change ☐ Addition

TITLE VP
NAME Carl Gallo
STREET ADDRESS 8775 SW 129 Terrace
CITY-ST-ZIP MIAMI, FL 33176 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/08

305-567-0150