


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P00000113305 |  |
| 1. Entity Name UNION CREDIT BANK | |

| | |
|---|---|
| Principal Place of Business 1150 SOUTH MIAMI AVENUE MIAMI, FL 33130 | Mailing Address 1150 SOUTH MIAMI AVENUE MIAMI, FL 33130 |
|---|---|

DO NOT WRITE IN THIS SPACE



04122005 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 65-1066544 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AVILA, ALCIDES I 12130 SW 68TH AVE. PINECREST, FL 33156 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TAMAYO, ROBERT J 6700 SW 115TH ST PINECREST, FL 33156 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEHR, MILTON H 8440 SW 104 STREET MIAMI, FL 33156 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCGUIRE, GRACE V ONE GROVE ISLE DR., APT 1102 MIAMI, FL 33133 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RISHMAGUE, MIGUEL 13000 MAR STREET CORAL GABLES, FL 33156 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RISHMAGUE, ODDE CAMINO DEL CONDOR, 7821 VITACURA SANTIAGO, CHILE. |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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:  **Robert J. Tamayo** **4/12/05 305-398-9000**
PACS & CEO