

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000062830

1. Entity Name
FIRST BANK OF MIAMI SHARES, INC.



Principal Place of Business
255 ARAGON AVENUE
3RD FLOOR
CORAL GABLES, FL 33134 US

Mailing Address
255 ARAGON AVENUE
3RD FLOOR
CORAL GABLES, FL 33134 US



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1122038
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
#1600(BB)
MIAMI, FL 33131

**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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME PICCIOTTO, RENE DE
STREET ADDRESS RUE DE LA CORRATERIE 6, CASE POSTALE 5022
CITY-ST-ZIP CH-1211, GENEVE 11, SWITZERL.

TITLE DVP
NAME GARCIA, RAUL R
STREET ADDRESS 255 ARAGON AVENUE - 3RD FLOOR
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ST
NAME GARCIA, RAUL R
STREET ADDRESS 255 ARAGON AVENUE - 3RD FL
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #