

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

04-19-2004 90260 035 \*\*\*150.00

FILE NO. P01000076618

**DOCUMENT # P01000076618**

1. Entity Name  
**PLUS INTERNATIONAL BANK**



04 MAY -4 AM 11:55

TALLAHASSEE, FLORIDA

Principal Place of Business  
**1000 BRICKELL AVE, SUITE 1100  
MIAMI, FL 33131**

Mailing Address  
**1000 BRICKELL AVE, SUITE 1100  
MIAMI, FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1128000**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name  
**Simon Cruz**

Street Address (P.O. Box Number is Not Acceptable)  
**910 West Avenue**

City  
**Miami Beach**

FL

Zip Code  
**33139**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BAILLIETTE-JACOBSON, DEBORAH  
1236 SW 21ST TERR.  
MIAMI, FL 33145** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
CABANILLA, ENRIQUE  
4117 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33146** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DEUTSCH, BARRY  
1900 W COMMERCIAL BLVD, STE 100  
FT LAUDERDALE, FL 33309** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BARROSO, ROBERTO P  
21178 VIA VENTURA  
BOCA RATON, FL 33433** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MEDINA, JAIME  
1221 BRICKELL AVE, SUITE 938  
MIAMI, FL 33131** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D / P  
SACAL, MANUEL  
7000 ISLAND BLVD, UNIT 1102  
AVENTURA, FL 33160** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D/EVP  
Simon Cruz  
910 West Avenue  
Miami Beach, FL 33139** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVP  
Raymond Pachowicz  
4301 Collins Avenue, #904  
Miami Beach, FL 33140** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
Joseph J. Weisenfeld  
550 Biltmore Way, #1120  
Coral Gables, FL 33134** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Ira Weindruch  
3400 S. Ocean Blvd., #8L  
Highland Beach, FL 33487** ☐ 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 exemption stated in Section 119.07(3)(i), 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:

**Simon Cruz,  
Executive Vice President**

**April 15, 2004 305/375-9544**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #