

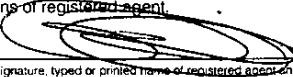
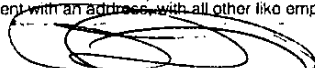


**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

50027901

<b>DOCUMENT # P01000076618</b>				03-18-2005 90076 049 ***150.00	
<b>1. Entity Name</b> PLUS INTERNATIONAL BANK					
<b>Principal Place of Business</b> 1000 BRICKELL AVE, SUITE 1100 MIAMI, FL 33131		<b>Mailing Address</b> 1000 BRICKELL AVE, SUITE 1100 MIAMI, FL 33131		<b>50027901</b>	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01192005 Chg-P CR2E034 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 65-1128000	
Zip		Country		<input type="checkbox"/> <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
				Name <b>Simon Cruz</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>900 West Avenue, #1139</b>	
				City <b>Miami Beach</b>	
				Zip Code <b>FL 33139</b>	
<b>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.</b>					
SIGNATURE 		<b>Simon Cruz, President &amp; CEO</b>		<b>March 14, 2005</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00 / After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	D	<input type="checkbox"/> Delete			
NAME	BAILLIETTE-JACOBSON, DEBORAH				
STREET ADDRESS	1236 SW 21ST TERR.				
CITY-ST-ZIP	MIAMI, FL 33145				
TITLE	DV	<input type="checkbox"/> Delete			
NAME	CRUZ, SIMON				
STREET ADDRESS	910 WEST AVENUE				
CITY-ST-ZIP	MIAMI BEACH, FL 33139				
TITLE	SV	<input type="checkbox"/> Delete			
NAME	PACHOWICZ, RAYMOND				
STREET ADDRESS	4301 COLLINS AVENUE, #904				
CITY-ST-ZIP	MIAMI BEACH, FL 33140				
TITLE	D	<input type="checkbox"/> Delete			
NAME	BARROSO, ROBERTO P				
STREET ADDRESS	21178 VIA VENTURA				
CITY-ST-ZIP	BOCA RATON, FL 33433				
TITLE	D	<input type="checkbox"/> Delete			
NAME	MEDINA, JAIME				
STREET ADDRESS	1221 BRICKELL AVE, SUITE 938				
CITY-ST-ZIP	MIAMI, FL 33131				
TITLE	DP	<input type="checkbox"/> Delete			
NAME	SACAL, MANUEL				
STREET ADDRESS	7000 ISLAND BLVD, UNIT 1102				
CITY-ST-ZIP	AVENTURA, FL 33160				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE	P/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Simon Cruz				
STREET ADDRESS	900 West Ave, #1139				
CITY-ST-ZIP	Miami Beach, FL 33139				
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Manuel Sacal				
STREET ADDRESS	7000 Island Blvd, #1102				
CITY-ST-ZIP	Aventura, FL 33160				
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	J. Ricky Arriola				
STREET ADDRESS	1000 South Pointe Dr., #407				
CITY-ST-ZIP	Miami Beach, FL 33139				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>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.</b>					
<b>SIGNATURE:</b> 		<b>Simon Cruz, President &amp; CEO 3/14/2005 305/375-95</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			