

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06377 (6)

1. Corporation Name
ATLANTIC SECURITY BANK, MIAMI AGENCY



Principal Place of Business 801 BRICKELL AVENUE PENTHOUSE II MIAMI FL 33131	Mailing Address ATLANTIC SECURITY BANK MIAMI AGENCY 801 BRICKELL AVENUE MIAMI FL 33131-2851
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3. Date Incorporated or Qualified 06/10/1985	3a. Date of Last Report 06/19/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	4. FEI Number 59-2773847 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
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9. Name and Address of Current Registered Agent

ATLANTIC SECURITY BANK, MIAMI AGENCY
801 BRICKELL AVENUE
PENTHOUSE II
MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	MORALES, RAIMUNDO	1.2 NAME	
STREET ADDRESS	CALLE CENTENARIO 156	1.3 STREET ADDRESS	
CITY- ST- ZIP	LIMA, PERU	1.4 CITY- ST- ZIP	
TITLE	P	2.1 TITLE	
NAME	MUNOZ, CARLOS	2.2 NAME	
STREET ADDRESS	801 BRICKELL AVE PH II	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	2.4 CITY- ST- ZIP	
TITLE	SVP	3.1 TITLE	
NAME	MILLER, THEODORE	3.2 NAME	
STREET ADDRESS	801 BRICKELL AVE PH II	3.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	3.4 CITY- ST- ZIP	
TITLE	SVP	4.1 TITLE	
NAME	PARTRIDGE, JOHN	4.2 NAME	
STREET ADDRESS	801 BRICKELL AVE PH II	4.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	4.4 CITY- ST- ZIP	
TITLE	SVP	5.1 TITLE	
NAME	ARREDONDO, JOSE	5.2 NAME	
STREET ADDRESS	801 BRICKELL AVE PH II	5.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33131	5.4 CITY- ST- ZIP	
TITLE	D	6.1 TITLE	
NAME	MONTERO, FERNANDO	6.2 NAME	
STREET ADDRESS	CALLE 52 & ELVIRA MENDEZ	6.3 STREET ADDRESS	
CITY- ST- ZIP	PANAMA, PANAMA	6.4 CITY- ST- ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/97(205) 372-0762
Date Daytime Phone #

0170805

CR2E034 (9/96)