Company has been Sold Please n

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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000013829 (3)

1. Corporation Name
BANKERS INVESTMENT & LOAN, INC.

[redacted]

Amendment

Principal Place of Business	Mailing Address
~~1600 LEJEUNE RD.~~ ~~CORAL GABLES FL 33134~~	~~1600 LEJEUNE RD.~~ ~~CORAL GABLES FL 33134-3935~~

See below

3. Date Incorporated or Qualified: 02/17/1995	3a. Date of Last Report: 05/15/1996
4. FEI Number: 65-0535261	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 ~~444 Brickell Avenue~~	26 ~~444 Brickell Avenue~~
Suite, Apt. #, etc. 22 ~~#51-101~~	Suite, Apt. #, etc. 27 ~~#51-101~~
City & State 23 ~~Miami, FL~~	City & State 28 ~~Miami, FL~~
Zip 24 ~~33131~~ Country 25 ~~USA~~	Zip 29 ~~33131~~ Country 30 ~~USA~~

9. Name and Address of Current Registered Agent

~~MACK REID~~
~~444 BRICKELL AVE.~~
~~SUITE #51-101~~
~~MIAMI FL 33131~~

Juan Carlos Rodriguez
888 Brickell Ave.
Miami, FL 33131

10. Name and Address of New Registered Agent

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

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: ~~Reid Mack~~ Juan Carlos 4-18-97 10-5-98
Signature, typed or printed name of registered agent and title if applicable. NOTE: If registered Agent's signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ ~~MACK REID~~ ~~1600 LEJEUNE RD~~ ~~MIAMI FL 33190~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Juan Carlos Rodriguez 888 Brickell Ave. Miami, FL 33131	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	100026663361 -10/19/98--01016--006 ***61.25	☐ Change ☐ Addition

10/16

CR2E034 (9/96)

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: ~~Reid Mack~~ Juan Carlos ~~4-18-97~~ 10-5-98 ~~305-949-2300~~ 305-550-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #