

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

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Jun 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000031562 (8)
1. Corporation Name
THE AMERICAS TRUST BANK



Principal Place of Business 701 BRICKELL AVENUE 25TH FLOOR MIAMI FL	Mailing Address 701 BRICKELL AVENUE 25TH FLOOR MIAMI FL 33131-2822
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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	3. Date Incorporated or Qualified 04/21/1995	3a. Date of Last Report 05/01/1996
		4. FEI Number 65-0576502	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<div style="position: absolute; top: 0; left: 0; font-size: 2em; font-weight: bold; transform: rotate(-15deg);">POSTED</div>	81 Name Arturo Vinuera
	82 Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Ave, Suite 2550
	83
	84 City Miami
	85 Zip Code FL 33131

11. Pursuant to the provisions of Sections 607.0402 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 fee applicable) (NOTE: Registered Agent 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	DIRECTOR HARDWICK, CHARLES III HAWORTH HOUSE, KINTBURY NEWBURY, BERKSHIRE, UK	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Jack Peeples, Director 200 South Biscayne Blvd Suite 4900 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KOFFLER, ROBERT 310 W. MCINTYRE KEY BISCAYNE FL 33149	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Thomas Noonan, Director 6400 Commercial Blvd 10th Floor Ft Lauderdale, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR REED, TIMOTHY 435 BLANCA AVE. CORAL GABLES FL 33146	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Peter Conway, Director 2121 Ponce de Leon Blvd Coral Gables, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman and CEO VINUEZA, ARTURO 3516 BAYSHORE VILLAS DR COCONUT GROVE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 the attachment with an address.

SIGNATURE _____ 305-530-9481

CR2E034 (9/96)