

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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1995

4. FEI Number

65-0576502

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

VINUEZA, ARTURO
701 BRICKELL AVENUE
25TH FLOOR
MIAMI FL

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, 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 title, 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 <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDWICK, CHARLES III	1.2 NAME	Carlos Villos
STREET ADDRESS	HAWORTH HOUSE, KINTBURY	1.3 STREET ADDRESS	2601 South Bayshore
CITY - ST - ZIP	NEWBURY, BERKSHIRE, UK	1.4 CITY - ST - ZIP	Suite 5040
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	COCONUT GROVE, FL 33133
NAME	KOFFLER, ROBERT	2.2 NAME	
STREET ADDRESS	310 W. MCINTYRE	2.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAYNE FL 33149	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEEPLES, JACK	3.2 NAME	
STREET ADDRESS	200 SOUTH BISCAYN BLVD. SUITE 4900	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33131	3.4 CITY - ST - ZIP	
TITLE	CCEO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINUEZA, ARTURO	4.2 NAME	
STREET ADDRESS	3516 BAYSHORE VILLAS DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT GROVE FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOONAN, THOMAS	5.2 NAME	
STREET ADDRESS	2400 COMMERCIAL BLVD 10TH FLOOR	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33308	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONWAY, PETER	6.2 NAME	
STREET ADDRESS	2121 PONCE DE LEON BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] REQUIRED

CR2E034 (10/97)