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Feb 24, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000031562

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

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, 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME HARDWICK, CHARLES III
STREET ADDRESS HAWORTH HOUSE, KINTBURY
CITY-ST-ZIP NEWBURY, BERKSHIRE, UK

TITLE ☒ DELETE

NAME KOFFLER, ROBERT
STREET ADDRESS 310 W. MCINTYRE
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE ☒ DELETE

NAME PEEPLES, JACK
STREET ADDRESS 200 SOUTH BISCAYNE BLVD. SUITE 4900
CITY-ST-ZIP MIAMI FL 33131

TITLE ☒ DELETE

NAME CCEO
STREET ADDRESS VINUEZA, ARTURO
CITY-ST-ZIP 3516 BAYSHORE VILLAS DR
COCONUT GROVE FL

TITLE ☒ DELETE

NAME NOONAN, THOMAS
STREET ADDRESS 2400 COMMERCIAL BLVD 10TH FLOOR
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE ☒ DELETE

NAME CONWAY, PETER
STREET ADDRESS 2121 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Carlos Ulloa
1.3 STREET ADDRESS 2601 South Bayshore
1.4 CITY-ST-ZIP Suite 2040
COCONUT GROVE, FL 33133

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)