


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

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90011 047 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000097870</b>					
1. Corporation Name <b>INTERNATIONAL BANCORP OF MIAMI, INC.</b>					
Principal Place of Business <b>2121 SOUTHWEST THIRD AVENUE MIAMI FL 33129</b>			Mailing Address <b>2121 SOUTHWEST THIRD AVENUE MIAMI FL 33129</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/10/1986</b>	
21		26		4. FEI Number <b>59-2678471</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		9. Name and Address of Current Registered Agent	
Zip	Country	Zip	Country	10. Name and Address of New Registered Agent	
24		29		81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 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					
12. OFFICERS AND DIRECTORS					
TITLE	C <input type="checkbox"/> DELETE				
NAME	<b>SOLER, FRANCISCO A</b>				
STREET ADDRESS	<b>2121 SOUTHWEST THIRD AVENUE</b>				
CITY-ST-ZIP	<b>MIAMI FL</b>				
TITLE	CV <input type="checkbox"/> DELETE				
NAME	<b>POMA, RICARDO</b>				
STREET ADDRESS	<b>2121 SOUTHWEST THIRD AVENUE</b>				
CITY-ST-ZIP	<b>MIAMI FL</b>				
TITLE	D <input type="checkbox"/> DELETE				
NAME	<b>RIBADENEIRA, DIEGO</b>				
STREET ADDRESS	<b>2121 SOUTHWEST THIRD AVENUE</b>				
CITY-ST-ZIP	<b>MIAMI FL 33129</b>				
TITLE	D <input type="checkbox"/> DELETE				
NAME	<b>MEJIA, CARLOS J</b>				
STREET ADDRESS	<b>2121 SOUTHWEST THIRD AVENUE</b>				
CITY-ST-ZIP	<b>MIAMI FL 33129</b>				
TITLE	PD <input type="checkbox"/> DELETE				
NAME	<b>VALDES, ALBERTO</b>				
STREET ADDRESS	<b>2121 SOUTHWEST THIRD AVENUE</b>				
CITY-ST-ZIP	<b>MIAMI FL</b>				
TITLE	SVPD <input type="checkbox"/> DELETE				
NAME	<b>PRESTAMO, ALBA</b>				
STREET ADDRESS	<b>2121 SOUTHWEST THIRD AVENUE</b>				
CITY-ST-ZIP	<b>MIAMI FL</b>				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an 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 (1/98)