2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

P95000097870

1. Entity Name

INTERNATIONAL BANCORP OF MIAMI, INC.



TILED
Mar 26, 2003 8:00 am

Secretary of State

03-26-2003 90372 001 ***

					9		
	ce of Business WEST THIRD AVENUE 129	Mailing Address 2121 SOUTHWEST THIRD AVENUE MIAMI FL 33129					
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES	
City & Sta	te	City & State				4. FEI Number 59-2678471	Applied For Not Applicable
Zip	Country	Zip	Count	try		5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent.				7. Name and Address of New Registered Agent			
				Name			
GALLINAL, MARGARITA T				Street Address (P.O. Box Number is Not Acceptable)			
2121 SO	uthwest third avenue	olieet Address		۰. ۱) دد	5. Box Number is Not Acceptable)		
MIAMI FL 33129							
				City FL Zip Code			
	e named entity submits this statement fitions of registered agent.	or the purpose of changing its	registere	d office or regi	stered	agent, or both, in the State of Florida. I ar	n familiar with, and accept
ano oungu	uono or rogiciorea agoni.						
SIGNATURE	Signature, typed or printed name of registered ageni	and side if analizable (NIOT	T. D. Santa	Agent signature rec		en reinstating) OATE	
		Тапа иле и аррисаріе. (140)	E. negisteret	Agent signature rec	uneu wii	errensaling) DATE	
FILE NOW!!! FEE IS \$150.00						9. Election Campaign Financing	\$5.00 May Be
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Trust Fund Contribution.	Added to Fees
10. OFFICERS AND DIRECTORS 1			11.			ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 11
TITLE	С	☐ Delete	TITLE	TITLE			☐ Change ☐ Addition
NAME	SOLER, FRANSISCO A		NAME				{ 6
STREET ADDRESS			STREE	ET ADDRESS			13
CITY-ST-ZIP	MIAMI FL		CITY-	ST-ZIP			1

TITLE CV ☐ Delete TITLE ☐ Change ☐ Addition NAME POMA, RICARDO NAME STREET ADDRESS 2121 SOUTHWEST THIRD AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition RIBADENEIRA, DIEGO NAME NAME STREET ADDRESS STREET ADDRESS 2121 SOUTHWEST THIRD AVENUE CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33129 ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME MEJIA, CARLOS J NAME STREET ADDRESS 2121 SOUTHWEST THIRD AVENUE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33129** CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition NAME VALDES, ALBERTO NAME STREET ADDRESS STREET ADDRESS 2121 SOUTHWEST THIRD AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL SVPD TITLE ☐ Delete TITLE Change ☐ Addition PRESTAMO, ALBA NAME NAME 2121 SOUTHWEST THIRD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAM! FL CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an addition, with all other like empowered.

SIGNATURE:

ATUNE REQUIRED ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #