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

FILED
Feb 23 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P96000007965**

1. Corporation Name
FIRST BANK OF MIAMI

Principal Place of Business	Mailing Address
3650 S.W. 8TH STREET MIAMI FL	3650 S.W. 8TH STREET MIAMI FL

02/23/99 90101 021 158.75
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1996

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

4. FEI Number: 65-0658480 ☐ 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

9. Name and Address of Current Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	LOPEZ-CASTRO, AMADEO JR		1.2 NAME	Argimon, Constantino	
STREET ADDRESS	608 VALENCIA AVE		1.3 STREET ADDRESS	1220 Palermo Avenue	
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	Coral Gables, FL. 33134	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	MARURI, JOSE A		2.2 NAME	Benitez, Raul	
STREET ADDRESS	235 PONCE DE LEON BLVD.		2.3 STREET ADDRESS	7423 Vistalmar	
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP	Coral Gables, FL. 33134	
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARTINEZ, NESTOR		3.2 NAME		
STREET ADDRESS	37 BAY HEIGHTS DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FRAGA, PELAYO		4.2 NAME		
STREET ADDRESS	5631 S.W. 94TH PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DIAZ, ANTONIO M		5.2 NAME		
STREET ADDRESS	14 PINTA ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LOPEZ-CASTRO, AMADEO JR.		6.2 NAME		
STREET ADDRESS	1136 ALHAMBRA CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Amadeo Lopez Castro Jr. Feb 11, 1999 (305) 442-9755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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