08-27-2004 90002 006 ***550.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

54070345

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000007965

1. Entity Name
FIRST BANK OF MIAMI

Principal Place of Business	Mailing Address
2317 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	2317 PONCE DE LEON BLVD. CORAL GABLES, FL 33134

07072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0658480 ☐ Applied For ☐ Not Applicable

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
WLMC REGISTERED AGENTS INC 80 SW 8TH STREET SUITE 3100 MIAMI, FL FL -3313	Name: Corporation Company of Miami Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Blvd., #1600 (BB) City: Miami FL Zip Code: 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Felicia Hickey, Asst. Secretary of CCOM DATE: 8-23-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP TRIAY, JORGE 2317 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rene Rodriguez 10395 NW 46 ST Miami Fl 33178	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARURI, JOSE A 6487 GRANADA BLVD. CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP Israel Cruz 13215 SW 9 Terr Miami Fl 33184	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CAMPBELL, RICHARD E 7718 N.W. 21ST ST. MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP, CFO	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO WHITCOMB, CHARLES 2112 BRICKELL AVE. MIAMI, FL 33129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST GONZALEZ, MIGUEL 8300 SW 5 STREET MIAMI, FL 33144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP Odoardo Sbarra 1925 Brickell Ave PH5 Miami Fl 33129	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARCIA, RAUL R 2317 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 address, with all other like empowered.

SIGNATURE: MIGUEL A. GONZALEZ / SECRETARY 8/3/04 (305)269-5102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #