

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000007965

1. Entity Name  
FIRST BANK OF MIAMI



FILED

05 OCT 17 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Mailing Address  
2317 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09212005

Chg-P

CR2E034 (10/03)

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

CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BLD.  
#1600(BB)  
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Amended AR is \$61.25

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 DP  
NAME TRIAY, JORGE  
STREET ADDRESS 2317 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME CRUZ, ISRAEL  
STREET ADDRESS 13215 SW 9 TERRACE  
CITY-ST-ZIP MIAMI, FL 33184 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
500060693765  
10/17/05--01081--003 \*\*61.25

TITLE C  
NAME LOPEZ, MANUEL D  
STREET ADDRESS 1861 SW 75 AVE.  
CITY-ST-ZIP MIAMI, FL 33155 ☐ Delete

TITLE SVP  
NAME LOPEZ, MANUEL D  
STREET ADDRESS 1861 SW 75 AVE.  
CITY-ST-ZIP MIAMI, FL 33155 ☒ Change ☐ Addition

TITLE D  
NAME WHITCOMB, CHARLES  
STREET ADDRESS 2112 BRICKELL AVE.  
CITY-ST-ZIP MIAMI, FL 33129 ☒ Delete

TITLE C  
NAME PICCIOTTO, RENE DE  
STREET ADDRESS 2317 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Change ☒ Addition

TITLE D  
NAME RODRIGUEZ, RENE  
STREET ADDRESS 10395 NW 46 ST  
CITY-ST-ZIP MIAMI, FL 33178 ☒ Delete

TITLE EVP  
NAME SBARRA, ODOARDO  
STREET ADDRESS 2333 PONCE DE LEON BLVD. STE.314  
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Change ☒ Addition

TITLE D  
NAME GARCIA, RAUL R  
STREET ADDRESS 2317 PONCE DE LEON BLVD.  
CITY-ST-ZIP 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/4/05

305-444-7600

Daytime Phone #