2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000007965

1. Entity Name
FIRST BANK OF MIAMI

Principal Place of Business	Mailing Address
255 ARAGON AVENUE 3RD FLOOR CORAL GABLES, FL 33134	255 ARAGON AVENUE 3RD FLOOR CORAL GABLES, FL 33134

01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TRIAY, JORGE
STREET ADDRESS	255 ARAGON AVENUE - 3RD FL
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	SBARRA, ODOARDO
STREET ADDRESS	255 ARAGON AVENUE - 3RD FL
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	C
NAME	PICCIOTTO, RENE D
STREET ADDRESS	255 ARAGON AVENUE - 3RD FL
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	CFO
NAME	CANESSA-GONZALEZ, SONIA E
STREET ADDRESS	255 ARAGON AVENUE - 3RD FL
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	GARCIA, RAUL R
STREET ADDRESS	255 ARAGON AVENUE - 3RD FL
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ SONIA CANESSA-GONZALEZ 1/8/08 305-459-5279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #