

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 255 ARAGON AVENUE 3RD FLOOR CORAL GABLES, FL 33134	Mailing Address 255 ARAGON AVENUE 3RD FLOOR CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

	
01092008	No Chg-P
CR2E034 (11/05)	
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	

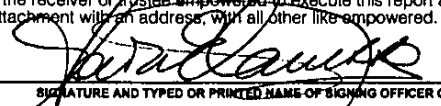
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____

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

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IN THIS SPACE**

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 #