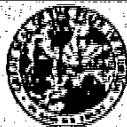


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR 10 PM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S05593 (6)

1. Corporation Name

BANK OF NORTH AMERICA BANCORP, INC.

Principal Place of Business

P.O. BOX 9548
FT. LAUDERDALE FL 33310
US

Mailing Address

P.O. BOX 9548
FT. LAUDERDALE FL 33310
US

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

10/12/1990

3a. Date of Last Report

04/20/1994

4. FEI Number

65-0249220

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 has liability for intangible tax under S. 199.032,
Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

MAYER, WILLIAM L.
2000 WEST COMMERCIAL BLVD
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

Jose B. Valle, Jr.

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

2000 W. Commercial Blvd.

83

84 City

Fort Lauderdale

FL

85 Zip Code

33309

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (type or print name of registered agent and title if applicable)

Jose B. Valle, Jr., President

February 28, 1995

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BRODY, JONATHAN E.
STREET ADDRESS 2000 W COMMERCIAL BLVD
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D
NAME CLAY, DANA
STREET ADDRESS 2000 W COMMERCIAL BLVD
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D
NAME SCHAEFER, PAUL M.
STREET ADDRESS 2000 W COMMERCIAL BLVD
CITY-ST-ZIP FT LAUDERDALE FL

TITLE DC
NAME WIENER, A.B.
STREET ADDRESS 2000 W COMMERCIAL BLVD
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D
NAME BIVINS, MARC H DR
STREET ADDRESS 2000 W. COMMERCIAL BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE PD
NAME VALLE, JOSE B JR
STREET ADDRESS 2000 W COMMERCIAL BLVD
CITY-ST-ZIP FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition
1.2 NAME Dr. Ernest O. Herreid, Jr.
1.3 STREET ADDRESS 2000 W. Commercial Blvd.
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33309

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Cecilio M. Rodriguez

2/28/95

DATE

S055932646

Document Number