

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **S89727** (9)

1. Corporation Name

GREAT EASTERN BANK OF FLORIDA

Principal Place of Business

**4601 N.W. 72ND AVENUE
MIAMI FL 33166**

Mailing Address

**4601 N.W. 72ND AVENUE
MIAMI FL 33166**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**JULIO P. DOMINGUEZ
4601 N.W. 72 AVENUE
MIAMI, FL 33166**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
05/13/1993

3a. Date of Last Report
01/23/1995

4. FEI Number

65-0446122

Applied For

Not Applicable

5. Certificate of Status Desired

XXX

**\$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

10. Name and Address of New Registered Agent

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D/C

**LEU, CARL
3986 ADRA AVENUE
MIAMI FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

**TSENG, GEORGE S.
21 NE 166TH ST
N MIAMI BCH FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

**SHEA, ERIC
~~2220 NW 102 WAY~~ 1231 GOLFPVIEW DRIVE EAST
~~PEMBROKE PINES FL~~ PEMBROKE PINES, FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

**YU, STANLEY
~~11401 SW 87TH AVE~~ 11077 NW 36 AVENUE
~~MIAMI FL~~ MIAMI, FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

**CHEN, MIKE
2637 N. MIAMI AVENUE
MIAMI FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

**BAXTER, DONALD
1200 N. FEDERAL HWY
BOCA RATON FL**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D/P

**JULIO P. DOMINGUEZ
4601 N.W. 72 Avenue
Miami, FL 33166**

☐ Change ☒ Addition

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

D

**MING MEI WU
2200 S.W. 117 TERRACE
DAVIE, FL 33325**

☐ Change ☒ Addition

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

D

**DANIEL E. JONAS
300 - 71 STREET, SUITE 405
MIAMI BEACH, FL 33141**

☐ Change ☒ Addition

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

D

**KELLY YEUNG
1957 - 71 STREET
MIAMI BEACH, FL 33141**

☐ Change ☒ Addition

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

D

**MAYWA YEI
3319 FOX HILL DRIVE
CLEARWATER, FL 34621**

☐ Change ☒ Addition

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

D

**JOSE GARCIA
1635 S.W. 101 AVENUE
MIAMI, FL 33165**

☐ Change ☒ Addition

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)(k), 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 SIGNING OFFICER OR DIRECTOR

**JULIO P. DOMINGUEZ
PRESIDENT**

Date

Daytime Phone #

4/21/96 (305) 716-9000

CR2E034 (12/95)