

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 2:06

DOCUMENT # **V39450** (4)

1. Corporation Name

AMTRADE INTERNATIONAL BANK OF FLORIDA, INC.

Principal Place of Business

1001 S BAYSHORE DR
28TH FLOOR
MIAMI FL 33131

Mailing Address

1001 S BAYSHORE DR
28TH FLOOR
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/28/1992

3a. Date of Last Report

04/25/1994

4. FEI Number

65-0378323

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NATIONAL REGISTERED AGENTS, INC.
501 BRICKELL KEY DRIVE
SUITE 200
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

CD

NAME

RUFF, GEORGE

STREET ADDRESS

1820 PRINCETON RD

CITY-ST-ZIP

FLOSSMOOR IL

TITLE

CD

NAME

GLUSTROM, ROBERT

STREET ADDRESS

98 PEACHTREE CIRCLE

CITY-ST-ZIP

ATLANTA GA

TITLE

PD

NAME

CATER, VINCE D

STREET ADDRESS

23 STILLHOUSE RD

CITY-ST-ZIP

ATLANTA GA

TITLE

VSD

NAME

ROBERTS, JUDSON W

STREET ADDRESS

199 OCEAN LANE DR., #211

CITY-ST-ZIP

KEY BISCAYNE FL

TITLE

VD

NAME

MATHIS, CATHERINE

STREET ADDRESS

1195 TO-LANI DR

CITY-ST-ZIP

STONE MOUNTAIN GA

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 110.07(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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Judson W. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Judson W. Roberts

SVP & General Manager

1/30/95 (30S) 536-0022