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# Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
**1997**

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

DOCUMENT # **V39450** **(4)**

1. Corporation Name
**AMTRADE INTERNATIONAL BANK OF FLORIDA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1001 S BAYSHORE DR<br>28TH FLOOR<br>MIAMI FL 33131 | 1001 S BAYSHORE DR<br>28TH FLOOR<br>MIAMI FL 33131-4900 |

3. Date Incorporated or Qualified: **05/28/1992**
3a. Date of Last Report: **02/06/1996**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 777 Brickell Ave. | 26 777 Brickell Ave. |
| Suite, Apt. #, etc.<br>22 Suite 1300 | Suite, Apt. #, etc.<br>27 Suite 1300 |
| City & State<br>23 Miami, Fl. | City & State<br>28 Miami, Fl. |
| Zip / Country<br>24 33131 / 25 USA | Zip / Country<br>29 33131 / 30 USA |

4. FEI Number: **65-0378323** ☐ 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>RUFF, GEORGE<br>1820 PRINCETON RD<br>FLOSSMOOR IL ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>GLUSTROM, ROBERT<br>96 PEACHTREE CIRCLE<br>ATLANTA GA ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>CATER, VINCE D<br>23 STILLHOUSE RD<br>ATLANTA GA ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | PD<br>Heberto R.C. Espinosa<br>3804 Alhambra Circle<br>Coral Gables, Fl. 33134<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>ROBERTS, JUDSON W<br>199 OCEAN LANE DR., #211<br>KEY BISCAYNE FL ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | VD<br>William C. Cummins<br>50 Peachtree St N.W. Apt 310<br>Atlanta, Ga. 30303<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VSD<br>GARCIA, OSCAR JR.<br>1422 MEDINA AVENUE<br>CORAL GABLES FL ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** _____ Oscar Garcia, Jr. 2/20/97 536-3950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #