

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V39450 (4)
1. Corporation Name
AMTRADE INTERNATIONAL BANK OF FLORIDA, INC.

Principal Place of Business 777 BRICKELL AVE STE 1300 MIAMI FL 33131 US	Mailing Address 777 BRICKELL AVE STE 1300 MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/28/1992	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0378323	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	85. Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD RUFF, GEORGE 1820 PRINCETON RD FLOSSMOOR IL	1.1 TITLE	D
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	CD GLUSTROM, ROBERT 50 PEACHTREE CIRCLE ATLANTA GA	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VD CUMMINS, WILLIAM C 50 PEACHTREE ST NW APT 310 ATLANTA GA	3.1 TITLE	D
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	VSD GARCIA, OSCAR JR. 1422 MEDINA AVENUE CORAL GABLES FL	4.1 TITLE	V/S/D
NAME		4.2 NAME	Susanne Keough
STREET ADDRESS		4.3 STREET ADDRESS	669 Yorkshire Road
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Atlanta, GA 30306
TITLE	PD HEBERTO R.C. ESPINOSA 3804 ALHAMBRA CIR CORAL GABLES FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	D
NAME		6.2 NAME	Gail Wilson
STREET ADDRESS		6.3 STREET ADDRESS	One Midtown Plaza, Suite 1105
CITY - ST - ZIP		6.4 CITY - ST - ZIP	1360 Peachtree St. N.E., Atlanta, GA 30309

14. I 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; 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 in Block 14 if changed, with an address.

SIGNATURE: _____

4/29/98 531-3950

CR2E034 (10/97)