

**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

DOCUMENT # **P95000007728 (5)**

1. Corporation Name

**BANKUNITED FINANCIAL CORPORATION**



Principal Place of Business

255 ALHAMBRA CIR.  
CORAL GABLES FL 33134

Mailing Address

255 ALHAMBRA CIR.  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified <b>01/30/1995</b>	3a. Date of Last Report
4. FEI Number <b>65-0377793</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip Country	29 Zip Country
25	30

9. Name and Address of Current Registered Agent

**ASHTON, NANCY L  
255 ALHAMBRA CIR.  
CORAL GABLES FL 33134**

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 607.1503, 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 *Nancy L Ashton*

NOTE: Registered Agent Signature required for this filing.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Blum, Lawrence
STREET ADDRESS		1.3 STREET ADDRESS	10100 Hidden Pl
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Miami, FL 33156
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Camner, Alfred
STREET ADDRESS		2.3 STREET ADDRESS	6855 SW 101 St
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Miami, FL 33156
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Dougherty, James
STREET ADDRESS		3.3 STREET ADDRESS	5331 SW 90 Ave
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Cooper City, FL 33328
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Ford, Earline
STREET ADDRESS		4.3 STREET ADDRESS	20490 NE 22 CT
CITY - ST - ZIP		4.4 CITY - ST - ZIP	North Miami Beach, FL 33180
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Milne, Samuel
STREET ADDRESS		5.3 STREET ADDRESS	15820 SW 77 Ave
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Miami, FL 33157
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Ashton, Nancy
STREET ADDRESS		6.3 STREET ADDRESS	7552 Nova Dr
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Davie, FL 33317

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 or person 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:

*Nancy L Ashton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

REGISTERED OFFICE #

CR2E034 (12/95)