

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

**FILED**  
**May 01 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P95000007728 (5)**  
 1. Corporation Name  
**BANKUNITED FINANCIAL CORPORATION**



Principal Place of Business <b>255 ALHAMBRA CIR.                  CORAL GABLES FL 33134</b>	Mailing Address <b>255 ALHAMBRA CIR.                  CORAL GABLES FL 33134-7411</b>
--	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/30/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>65-0377793</b>	Applied For Not Applicable
25. Country	26. Suite, Apt #, etc.	27. City & State	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
30. Country	31. City & State	32. Zip	33. Country	34. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
35. Country	36. Suite, Apt #, etc.	37. City & State	38. Zip	39. Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ASHTON, NANCY L                  255 ALHAMBRA CIR.                  CORAL GABLES FL 33134</b>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	<b>FL</b>	B5

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: *Nancy Ashton* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLUM, LAWRENCE</b>	1.2 NAME	
STREET ADDRESS	<b>10100 HIDDEN PL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DCP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMNER, ALFRED</b>	2.2 NAME	
STREET ADDRESS	<b>6855 SW 101 ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOUGHERTY, JAMES</b>	3.2 NAME	
STREET ADDRESS	<b>5331 SW 90 AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COOPER CITY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORD, EARLINE</b>	4.2 NAME	
STREET ADDRESS	<b>20490 NE 22 CT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI BCH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILNE, SAMUEL</b>	5.2 NAME	
STREET ADDRESS	<b>15820 SW 77 AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ASHTON, NANCY</b>	6.2 NAME	
STREET ADDRESS	<b>7552 NOVA DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL</b>	6.4 CITY-ST-ZIP	

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: *Nancy Ashton* SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone #: **0179632**

CR2E034 (9/96)