SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000007728 (5)

1. Corporation Name

BANKUNITED FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
255 ALHAMBRA CIR. CORAL GABLES FL 33134	255 ALHAMBRA CIR. CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/30/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0377773	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ASHTON, NANCY L 255 ALHAMBRA CIR. CORAL GABLES FL 33134	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 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 **D**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **BLUM, LAWRENCE**		1.2 NAME	
STREET ADDRESS **10100 HIDDEN PL**		1.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL**		1.4 CITY-ST-ZIP	
TITLE **DCP**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **CAMNER, ALFRED**		2.2 NAME	
STREET ADDRESS **6855 SW 101 ST**		2.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL**		2.4 CITY-ST-ZIP	
TITLE **DV**	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME **DOUGHERTY, JAMES**		3.2 NAME	
STREET ADDRESS **5331 SW 90 AVE**		3.3 STREET ADDRESS	
CITY-ST-ZIP **COOPER CITY FL**		3.4 CITY-ST-ZIP	
TITLE **DV**	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME **FORD, EARLINE**		4.2 NAME	
STREET ADDRESS **20490 NE 22 CT**		4.3 STREET ADDRESS	
CITY-ST-ZIP **NORTH MIAMI BCH FL**		4.4 CITY-ST-ZIP	
TITLE **V**	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME **MILNE, SAMUEL**		5.2 NAME	
STREET ADDRESS **15620 SW 77 AVE**		5.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL**		5.4 CITY-ST-ZIP	
TITLE **VS**	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME **ASHTON, NANCY**		6.2 NAME	
STREET ADDRESS **7552 NOVA DR**		6.3 STREET ADDRESS	
CITY-ST-ZIP **DAVIE FL**		6.4 CITY-ST-ZIP	

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 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: _____

CR2E034 (5/98)