2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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Entity Name: CORPORACION PARA EL FINANCIAMIENTO EMPRESARIAL DEL COMERCIO Y LAS COMUNIDADES (COFECC), CORP.

Current Principal Place of Business:

171 CARLOS CHARDON AVE, STE 407
SAN JUAN, PR 00918

Current Mailing Address:

PO BOX 191791
SAN JUAN, PR 00919-1791 PR

FEI Number: 66-0398333

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TORRES, EDWIN E
2859 GOLDEN POND BLVD
ORANGE PARK, FL 32073 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D
Name	APONTE, JAIME
Address	THE HATO REY CENTER 268 PONCE DE LEON STE 1022
City-State-Zip:	SAN JUAN 00918

Title	D
Name	CONTRERAS, OMAR M
Address	229 CALLE DEL PARQUE COND. PARQUE CENTRAL APT PH 1502
City-State-Zip:	SAN JUAN

Title	D
Name	MONGE, ENID M
Address	YRB. ESTANCIAS DE SAN FERNANDO CALLE 4 A-15
City-State-Zip:	CAROLINA

Title	D
Name	RODRIGUEZ, ILDEFONSO
Address	LAS VIOLETAS CONDOMINIOS APT 404 SAGRADO CORAZON ST 459
City-State-Zip:	SAN JUAN

Title	D
Name	BERDASCO, JOAQUIN
Address	AVE PLAZA ESCORIAL #400 CAPARRA HEIGHTS
City-State-Zip:	SAN JUAN 00926

Title	D
Name	ESCRIBANO, AIDA M
Address	201 B TETUAN ST STE 201
City-State-Zip:	SAN JUAN 00901

Title	D
Name	QUINONES, SULEIRA
Address	CALLE DOMINGO GRUZ #644
City-State-Zip:	SAN JUAN 00924

Title	D
Name	TORRES, EDWIN E
Address	2859 GOLDEN POND BLVD
City-State-Zip:	ORANGE PARK FL 32073

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL M. VILARO — PRESIDENT BOARD OF DIRECTORS — 04/23/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	CP
Name	VILARO, PAUL M
Address	THE VILLAGES AT SUCHVILLE 1 SAN MIGUEL BUZON 63
City-State-Zip:	GUAYNABO 00966

Title	DS
Name	TORRES, EMILIO
Address	URB.EL VEDADO BENITO PEREZ GALDOZ #215
City-State-Zip:	HATO REY 00918

Title	DIRECTOR
Name	SANTIAGO, DIANA L.
Address	1495 AGUAS FRIAS ST.
City-State-Zip:	TOA ALTA PR 00953

Title	VC, VP
Name	VEGA, HARRY O
Address	236 VIA CAMPINA VILLA CARIBE
City-State-Zip:	CAGUAS 00727-3048

Title	DT
Name	BARRERAS, RAUL O
Address	PO BOX 363722
City-State-Zip:	SAN JUAN 00936-3722