FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 19, 1996 08:00 AM
Secretary of State

DOCUMENT # **M17400** **(6)**

1. Corporation Name

COMMERCEBANK HOLDING CORPORATION

Principal Place of Business	Mailing Address
% CORPORATION COMPANY OF MIAMI 2199 PONCE DE LEON CORAL GABLES FL 33134	% CORPORATION COMPANY OF MIAMI 2199 PONCE DE LEON CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **06/27/1985**
3a. Date of Last Report: **05/31/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **65-0032379** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
1500 EDWARD BALL BUILDING
100 CHOPIN PLAZA
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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	VILLAR, GUILLERMO		1.2 NAME	COBO, JUAN	
STREET ADDRESS	6200 RIVIERA DRIVE		1.3 STREET ADDRESS	16530 S.W. 104th AVE.	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	PST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, MILLAR		2.2 NAME		
STREET ADDRESS	5950 SW 135 TERR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARTURET, GUSTAVO		3.2 NAME		
STREET ADDRESS	CALLE OTAMA #15 URB VALL		3.3 STREET ADDRESS		
CITY-ST-ZIP	CARACAS, VENEZUELA		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, ALFLREDO		4.2 NAME		
STREET ADDRESS	AVE PRINCIPAL NARANJOS 2		4.3 STREET ADDRESS		
CITY-ST-ZIP	CARACAS 1011, VENEZUEL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	SINTES, GUSTAVO		5.2 NAME		
STREET ADDRESS	~~AVE ANDRES BELLOP~~		5.3 STREET ADDRESS	BANCO MERCANTIL, COLOMBIA	
CITY-ST-ZIP	~~CARACAS, VENEZUELA~~		5.4 CITY-ST-ZIP	BOGOTA, COLOMBIA	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LEIROS, ARMANDO		6.2 NAME		
STREET ADDRESS	AVE ANDRES BELLO		6.3 STREET ADDRESS		
CITY-ST-ZIP	CARACAS, VENEZUELA		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: _____ 3/11/96 (305)-460-4025
SIGNATURE AND ~~TYPED OR~~ PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #