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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

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 33134-5255

3. Date Incorporated or Qualified: 06/27/1985
3a. Date of Last Report: 03/19/1996
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION COMPANY OF MIAMI 1500 EDWARD BALL BUILDING 100 CHOPIN PLAZA MIAMI FL 33131	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	CD	☐ DELETE	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	VILLAR, GUILLERMO		1.2 NAME	Cobo, Juan S.	
STREET ADDRESS	6200 RIVIERA DRIVE		1.3 STREET ADDRESS	16530 SW 104 Ave	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	Miami, FL 33157-3017	
TITLE	PST	☐ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	WILSON, MILLAR		2.2 NAME	Gonzalez Sosa, Alejandro	
STREET ADDRESS	5950 SW 135 TERR.		2.3 STREET ADDRESS	Edificio Mercantil	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Caracas, Venezuela	
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	BANCO MERCANTIL, COLOMBIA		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOGOTA CO		5.4 CITY-ST-ZIP		
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 (9/96)

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: Millar Wilson 1/10/97 (305) 460-4025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #