FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 5:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M78031** **(5)**

1. Corporation Name
COMMERCIAL BANKSHARES, INC.

Principal Place of Business
% JACK J. PARTAGAS
1550 SW 57 AVE
MIAMI FL 33144

Mailing Address
% JACK J. PARTAGAS
1550 SW 57 AVE
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/26/1988**
3a. Date of Last Report: **03/16/1994**

21 2. Principal Place of Business

26 2a. Mailing Address

4. FEI Number: **65-0050176** ☐ Applied For ☐ Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State

28 City & State

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

24 ZIP 25 County

29 ZIP 30 County

8. This corporation has liability for intangible tax under s. 199 F.S. Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PARTAGAS, JACK J.
1550 S.W. 57 AVENUE
MIAMI FL 33144

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 Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	SIMON, SHERMAN	2. NAME	
STREET ADDRESS	9999 COLLINS AVE. 20K	3. STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	4. CITY-ST-ZIP	
TITLE	DP	5. TITLE	☐ Change ☐ Addition
NAME	PARTAGAS, JACK J.	6. NAME	
STREET ADDRESS	7540 SW 158TH TERRACE	7. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	8. CITY-ST-ZIP	
TITLE	V	9. TITLE	☐ Change ☐ Addition
NAME	KERTIS, JOSEPH JR.	10. NAME	
STREET ADDRESS	8940 SW 108TH ST	11. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	12. CITY-ST-ZIP	
TITLE	DC	13. TITLE	☐ Change ☐ Addition
NAME	ARMALY, JOSEPH	14. NAME	
STREET ADDRESS	1550 S.W. 57 AVENUE	15. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	16. CITY-ST-ZIP	
TITLE	D	17. TITLE	☐ Change ☐ Addition
NAME	YELEN, MARTIN	18. NAME	
STREET ADDRESS	1104 PONCE DE LEON BLVD.	19. STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	20. CITY-ST-ZIP	
TITLE	D	21. TITLE	☐ Change ☐ Addition
NAME	ANDERSON, CROMWELL	22. NAME	
STREET ADDRESS	1029 HARDEE ROAD	23. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24. CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is valid, accurate and complete. I am a director or officer 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 above, or on an attachment with an address.

SIGNATURE: Joan Papadakes 4/28/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0187041 C#