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

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

1. Corporation Name

COMMERCIAL BANKSHARES, INC.

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

3. Date Incorporated or Qualified: **04/26/1988**
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **65-0050176** ☐ 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

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 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 _____ (NOTE: Registered Agent Signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	SIMON, SHERMAN		1.2 NAME	NAMOFF, ROBERT	
STREET ADDRESS	9999 COLLINS AVE. 20K		1.3 STREET ADDRESS	13611 SW 105 AVE	
CITY-ST-ZIP	BAL HARBOUR FL		1.4 CITY-ST-ZIP	MIAMI - FLORIDA	
TITLE	DP	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	PARTAGAS, JACK J.		2.2 NAME	MCKINNEY, ELBERT	
STREET ADDRESS	7540 SW 158TH TERRACE		2.3 STREET ADDRESS	3618 RED ROAD	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI - FLORIDA	
TITLE	V	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	KERTIS, JOSEPH JR.		3.2 NAME	SHEPARD, JULIUS J.	
STREET ADDRESS	8940 SW 108TH ST		3.3 STREET ADDRESS	1550 SW 57TH AVE	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI - FLORIDA	
TITLE	DC	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ARMALY, JOSEPH		4.2 NAME		
STREET ADDRESS	1550 S.W. 57 AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	YELEN, MARTIN		5.2 NAME		
STREET ADDRESS	1104 PONCE DE LEON BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, CROMWELL		6.2 NAME		
STREET ADDRESS	1029 HARDEE ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		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)(k), 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: Barbara E Reed — 4/25/96 — (305) 267-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BARBARA E. REED