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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M78031 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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/26/1988 4. FEI Number 65-0050176 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE					
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME SIMON, SHERMAN STREET ADDRESS 9909 COLLINS AVE. 20K CITY-ST-ZIP BAL HARBOUR FL TITLE DP <input type="checkbox"/> DELETE NAME PARTAGAS, JACK J. STREET ADDRESS 7540 SW 158TH TERRACE CITY-ST-ZIP MIAMI FL TITLE D <input checked="" type="checkbox"/> DELETE NAME SHEPARD, JULIUS J. STREET ADDRESS 1550 SW 57 AVE CITY-ST-ZIP MIAMI FL 33144 TITLE DC <input type="checkbox"/> DELETE NAME ARMALY, JOSEPH STREET ADDRESS 1550 S.W. 57 AVENUE CITY-ST-ZIP MIAMI FL 33144 TITLE D <input type="checkbox"/> DELETE NAME YELEN, MARTIN STREET ADDRESS 1104 PONCE DE LEON BLVD. CITY-ST-ZIP CORAL GABLES FL TITLE D <input type="checkbox"/> DELETE NAME ANDERSON, CROMWELL STREET ADDRESS 1029 HARDEE ROAD CITY-ST-ZIP MIAMI FL			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE VPT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Barbara E. Reed 1.3 STREET ADDRESS 1550 SW 57 Avenue 1.4 CITY-ST-ZIP Miami, FL 33144 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

365 267-1800

CR2E034 (11/98)