

T98000000 830

Requestor's Name _____

Address _____

City/State/Zip _____ Phone # _____

700002577497--0
 -07/01/98--01056--001
 ****175.00 ****175.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Professional Privilege Account (36)
(Corporation Name) (Document #)
2. & Slogan: "the mark of achievement"
(Corporation Name) (Document #)
3. 789/740/1161/671
(Corporation Name) (Document #)
4. Professional account
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
- Mail out Will wait Photocopy Certificate of Status

98 JUL 22 AM 9:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

~~798-830~~

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

~~W98-15880~~

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

5

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Name Availability	<i>NP</i>
Document Examiner	NJC
Updater	NJC
Updater Verifier	NJC
Acknowledgement	NJC
W. P. Verifier	NJC

Examiner's Initials _____



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 7, 1998

MIRIAM RIVERA
220 ALHAMBRA CIRCLE, SUITE 212
CORAL GABLES, FL 33134

SUBJECT: PROFESSIONAL PRIVILEGE ACCOUNT AND SLOGAN: "THE
MARK OF ACHIEVEMENT"
Ref. Number: W98000015380

We have received your document for PROFESSIONAL PRIVILEGE ACCOUNT AND SLOGAN: "THE MARK OF ACHIEVEMENT" and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your mark contains word(s)/design(s) that must have a disclaimer. All geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed. You must disclaim the following term(s) by completing the disclaimer statement found in #2 of Part III of the application: PROFESSIONAL, ACCOUNT

Section 495.031(4), F.S., requires the application for registration to be accompanied by three specimens or facsimiles. Although the specimen(s) you submitted with your application are acceptable, you neglected to send three. Please submit the additional specimens or facsimiles as required by law.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6918.

Nanette Causseaux
Corporate Specialist Supervisor

Letter Number: 498A00036260

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

COMMERCEBANK, N.A.
MIRIAM RIVERA
220 ALHAMBRA Circle, SUITE 212
CORAL Gables, FL 33134
(305) 460-8711
Daytime Telephone number

PART I

1. (a) Applicant's name: COMMERCEBANK, N.A.

(b) Applicant's business address: 220 ALHAMBRA Circle, SUITE 212

CORAL Gables, FL 33134
City/State/Zip

(c) Applicant's telephone number: (305) 460-8711

- Individual Corporation Joint Venture Other: NATIONAL ASSOCIATION
 General Partnership Limited Partnership Union

If other than an individual,

(1) Florida registration number: 16804 (2) Domicile State: Florida

(3) Federal Employer Identification Number: 59-1846933

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:
(i.e., furniture moving services, diaper services, house painting services, etc.)

BANKING SERVICES. WILL BE USED AS THE NAME OF A PACKAGE
ACCOUNT FOR HIGH END PROFESSIONAL CUSTOMERS.

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

N/A

(c) The mode or manner in which the mark is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

THE MARK IS PRINTED ON COLLATERAL MATERIALS SUCH AS BROCHURES,
STATEMENT STUFFERS AND ADVERTISEMENTS.

(Continued)

d) The class(es) in which goods or services fall:

class: 36 Insurance of financial

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 6/11/98 (b) Date first used in Florida: 6/11/98

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

PROFESSIONAL PRIVILEGE ACCOUNT

The Mark of Achievement

FILED
98 JUL 22 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "PROFESSIONAL PRIVILEGE ACCOUNT" APART FROM THE MARK AS SHOWN.

I, Tere Benach, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct

Commercbank N.A.

Typed or printed name of applicant

Tere Benach, Tere Benach, marketing manager

Applicant's signature or authorized person's signature (List name and title)

STATE OF Florida

COUNTY OF Dade

On this 18th day of June, 19 98, Tere Benach personally appeared before me,

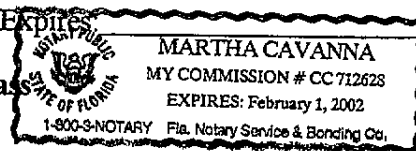
who is personally known to me whose identity I proved on the basis of



Martha Cavanna
Notary Public Signature
Martha Cavanna
Notary's Printed Name

My Commission Expires

FEE: \$87.50 per class



COMMERCEBANK CENTER

CORAL GABLES

220 Alhambra Circle
Coral Gables, Florida 33134
(305) 460-8701

BANKING CENTERS

LE JEUNE ROAD

4201 Le Jeune Road
Coral Gables, Florida 33146
(305) 446-8200

HIALEAH EAST

1601 East 4th Avenue
Hialeah, Florida 33010
(305) 885-9302

HIALEAH WEST

2750 West 68th Street, #136
Hialeah, Florida 33016
(305) 826-2022

AIRPORT WEST

9600 Northwest 25th Street
Miami, Florida 33172
(305) 594-0600

BISCAYNE BOULEVARD

11900 Biscayne Boulevard
Miami, Florida 33181
(305) 892-6171

POMPANO

1000 South Powerline Road
Pompano Beach, Florida 33069
(954) 978-6113

* The Professional Privilege Account includes a business checking account and personal checking accounts for the business employees. A minimum collected balance of \$10,000 must be maintained in the business checking account to avoid a monthly service fee of \$50.00 which will be charged to the business' checking account.

The personal checking account is non-interest bearing, the minimum initial deposit to open the account is \$100.00. There is no minimum daily balance requirement and no monthly service charges. For other fees related to the account, refer to our Miscellaneous Service Fees Schedule.

Should the business checking account be closed, the personal checking accounts will be converted to our Regular Checking Account. Refer to our Personal Accounts Brochure for disclosures relating to this account.

**Subject to credit verification.



Member
FDIC

Professional Privilege AccountSM

*The mark
of achievement.*

