| Form 5500-SF | Short Form Annua | l Return/Report Benefit Plan | of Small Emplo | oyee | OMB Nos. 1210-0110 1210-0089 | |
|---|--|---------------------------------|----------------------------|----------------------|---|--|
| Department of the Treasury Internal Revenue Service | This form is required to be filed | | 065 of the Employee Re | etirement | 2017 | |
| Department of Labor Employee Benefits Security Administration | Income Security Act of 1974 (E | 7(b) and 6058(a) of the). | Internal | This Form is Open to | | |
| Pension Benefit Guaranty Corporation | Complete all entries in ac | cordance with the instr | uctions to the Form 55 | 00-SF. | Public Inspection | |
| | Identification Information | | | | | |
| For calendar plan year 2017 or fig | | | | /31/2017 | | |
| A This return/report is for: | X a single-employer plan | list of participating em | | | king this box must attach a vith the form instructions.) | |
| D This as tons (as a set is | a one-participant plan | a foreign plan | | | | |
| B This return/report is | the first return/report | the final return/report | | | | |
| | an amended return/report | a short plan year returr | n/report (less than 12 mo | onths) | | |
| C Check box if filing under: | Form 5558 | automatic extension |] | DFVC p | rogram | |
| | special extension (enter descrip | otion) | - | | | |
| Part II Basic Plan Info | rmation—enter all requested infor | rmation | | | | |
| 1a Name of plan | | | | 1b Thre | | |
| ECC PL 401 K PROFIT SHARING | PLAN | | | • | number 001 | |
| | | | - | (PN) | tive date of plan | |
| | | | | | 01/01/2007 | |
| | m, apt., suite no. and street, or P.O. | | | 2b Empl (EIN) | oyer Identification Number 20-8573473 | |
| City or town, state or provinc ECC PL | e, country, and ZIP or foreign postal | code (if foreign, see instr | uctions) | 2c Spor | nsor's telephone number 305-722-2002 | |
| | | | - | 2d Busir | ness code (see instructions) | |
| 501 BRICKELL KEY DR SUITE #3 MIAMI, FL 33131 | 00 | | | | 541110 | |
| IVIIAIVII, EL SSTST | | | | | | |
| 3a Plan administrator's name ar | nd address X Same as Plan Spons | or. | | 3b Admi | nistrator's EIN | |
| | | | - | 3c Admi | nistrator's telephone number | |
| | | | | | | |
| | | | | | | |
| A If the name and/or FIN of the | a plan ananaar ar tha plan nama baa | abanged since the last re | aturn/ranart filed for | Ab EN | | |
| | e plan sponsor or the plan name has nsor's name, EIN, the plan name and | 0 | | 4b EIN | | |
| a Sponsor's name | | | | 4d PN | | |
| C Plan Name | | | | | | |
| 5a Total number of participants | at the beginning of the plan year | | | 5a | 30 | |
| • · · · · · | at the end of the plan year | | | 5b | 30 | |
| C Number of participants with | account balances as of the end of th | e plan year (only defined | contribution plans | 5c | 27 | |
| · / | rticipants at the beginning of the plar | | | 5d(1) | 20 | |
| | rticipants at the end of the plan year | | | 5d(2) | 19 | |
| e Number of participants who | terminated employment during the p | plan year with accrued be | nefits that were less | 5e | 0 | |
| | or incomplete filing of this return/r | | | | - | |
| Under penalties of perjury and ot | her penalties set forth in the instruction | ons, I declare that I have | examined this return/rep | oort, includi | ng, if applicable, a Schedule | |
| SB or Schedule MB completed an belief, it is true, correct, and comp | nd signed by an enrolled actuary, as plete. | well as the electronic ver | sion of this return/report | , and to the | best of my knowledge and | |
| | /valid electronic signature. | 03/26/2018 | ROSANNA LOMBARD |) | | |
| HERE Signature of plan a | dministrator | Date | Enter name of individu | al signing | as plan administrator | |
| SIGN | | | | | | |
| HERE Signature of emplo | yer/plan sponsor | Date | Enter name of individu | ual signing | as employer or plan sponsor | |
| | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

| 6a | Were all of the plan's assets during the plan year invested in eligib | | () | |
|----|--|------------|-------------------------------------|-----------------------|
| b | Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a | | | |
| | If you answered "No" to either line 6a or line 6b, the plan cann | ot use Fo | rm 5500-SF and must instead use | Form 5500. |
| С | If the plan is a defined benefit plan, is it covered under the PBGC in | nsurance p | program (see ERISA section 4021)? . | Yes No Not determined |
| | If "Yes" is checked, enter the My PAA confirmation number from the | e PBGC p | remium filing for this plan year | (See instructions.) |
| De | rt III Financial Information | | | |
| Pa | rt III Financial Information | | [| |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year |
| а | Total plan assets | 7a | 1828978 | 2204294 |
| b | Total plan liabilities | 7b | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 1828978 | 2204294 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total |
| а | Contributions received or receivable from: | | | |
| | (1) Employers | 8a(1) | 72018 | |
| | (2) Participants | 8a(2) | 140828 | |
| | (3) Others (including rollovers) | 8a(3) | | |
| b | Other income (loss) | 8b | 255177 | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 468023 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 91282 | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 1425 | |
| g | Other expenses | 8g | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 92707 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | 375316 |

Part IV Plan Characteristics

j

Transfers to (from) the plan (see instructions)

| 9a | If the | plan | provic | les pe | ension benefits, | enter the applicabl | e pension feat | ure codes fro | om the List | of Plan Ch | aracteristic | Codes in the | e instructions | s: |
|----|--------|------|--------|--------|------------------|---------------------|----------------|---------------|-------------|------------|--------------|--------------|----------------|----|
| | 2T | 3D | 2G | 2E | 2J | | | | | | | | | |

8j

| b | If the pla | n provides | welfare bene | fits, enter | the applicab | e welfare fe | eature codes | from the Lis | t of Plan | Characteristic | Codes in the | instructions: |
|---|------------|------------|--------------|-------------|--------------|--------------|--------------|--------------|-----------|----------------|--------------|---------------|
|---|------------|------------|--------------|-------------|--------------|--------------|--------------|--------------|-----------|----------------|--------------|---------------|

| Part | V Compliance Questions | | | | |
|------|---|-----|-----|----|--------|
| 10 | During the plan year: | | Yes | No | Amount |
| а | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | Х | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | x | |
| С | Was the plan covered by a fidelity bond? | 10c | Х | | 500000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | X | |
| е | Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.). | 10e | X | | 8474 |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | | X | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | 10g | Х | | 42353 |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | X | |
| i | If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | |

Page 3- 1

| Part | VIP | ension Funding Compliance | | | | | | |
|------|----------|---|-------|---------------|--------|-----------|------|--------|
| 11 | | a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below) | Sche | edule S | SB | [| Ye | s 🗌 No |
| 11a | Enter | the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | 11a | | | | |
| 12 | ERISA | a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? | ctior | n 302 c | of | [| Ye | s X No |
| а | lf a wa | iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver | and | enter _ Da | | of the le | | uling |
| If y | you coi | npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | - | | | | | |
| b | Enter th | e minimum required contribution for this plan year | | 12b | | | | |
| С | Enter th | e amount contributed by the employer to the plan for this plan year | | 12c | | | | |
| d | | ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount) | | 12d | | | | |
| е | Will th | e minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes | No | | N/A |
| Part | VII F | Plan Terminations and Transfers of Assets | | | | | | |
| 13a | Has a | resolution to terminate the plan been adopted in any plan year? | | | Ye | 6 X | No | |
| | If "Yes | ," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | | |
| b | | all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC? | | | | Yes | X | No |
| С | | ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.) | n(s) | to | | | | |
| 1 | 3c(1) N | lame of plan(s): 13 | c(2) | EIN(s) |) | 13 | c(3) | PN(s) |
| | | | | | | | | |

| For | rm 5500-SF | Short Form Annu | al Return/Report Benefit Plan | of Small Employee | OMB Nos. 1210-0110 1210-0089 |
|-------------------------|---|--|---|--|---|
| | rtment of the Treasury mal Revenue Service | 4065 of the Employee Retiremen | 2017 | | |
| | epartment of Labor enefits Security Administration | Income Security Act of 1974 | (ERISA), and sections 605 Revenue Code (the Code | 57(b) and 6058(a) of the Internal | This Form is Open to Public Inspection |
| Pension Be | enefit Guaranty Corporation | Complete all entries in | accordance with the inst | ructions to the Form 5500-SF. | Public inspection |
| Part I | Annual Report | Identification Information | | | |
| For calend | | iscal plan year beginning | 01/01/2017 | | /31/2017 |
| A This ret | turn/report is for: | X a single-employer plan | | lan (not multiemployer) (Filers ch mployer information in accordanc | |
| D | | a one-participant plan | a foreign plan | | |
| B This reti | urn/report is | the first return/report | the final return/report | | |
| | | an amended return/report | a short plan year retur | rn/report (less than 12 months) | |
| C Check | box if filing under: | Form 5558 | automatic extension | | C program |
| | | special extension (enter desc | ription) | | |
| Part II | Basic Plan Info | ormation—enter all requested in | formation | | |
| 1a Name | | | | 1b T | hree-digit |
| ECC PL | 401 K PROFIT | SHARING PLAN | | | an number 001 |
| | | | | 1C E | ffective date of plan |
| | | oyer, if for a single-employer plan) | | | /01/2007 mployer Identification Number |
| | | om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos | | (E | IN)20-8573473 |
| ECC PL | | be, country, and zin or foreign pos | | 2C S | ponsor's telephone number 5-722-2002 |
| 501 DD | | | | | usiness code (see instructions) |
| SOI BR. | ICKELL KEY DR | SUITE #300 | | | 1110 |
| MIAMI | | FL 33131 | | | |
| 3a Plan a | administrator's name a | and address 🛛 Same as Plan Spo | onsor. | 3b A | dministrator's EIN |
| | | | | 3c A | dministrator's telephone number |
| 4 If the | name and/or EIN of th | ne plan sponsor or the plan name h | has changed since the last | return/report filed for 4b E | IN |
| | plan, enter the plan spo sor's name | onsor's name, EIN, the plan name | and the plan number from | the last return/report. 4d P | N |
| C Plan N | Name | | | | |
| 5a Total | number of participants | s at the beginning of the plan year | | | 3 |
| | | s at the end of the plan year | | | 3 |
| C Numb | per of participants with | account balances as of the end of | f the plan year (only defined | d contribution plans | 2 |
| | | articipants at the beginning of the p | | | |
| | | articipants at the end of the plan ye | | | |
| e Numi | ber of participants who | o terminated employment during th | e plan year with accrued b | enefits that were less | |
| Caution: A | A penalty for the late | or incomplete filing of this retur | rn/report will be assessed | unless reasonable cause is e | stablished. |
| Under pen SB or Sche | alties of perjury and of edule MB completed a | ther penalties set forth in the instru and signed by an enrolled actuary, | uctions, I declare that I have | e examined this return/report, inc | luding, if applicable, a Schedule |
| belief, it is SIGN | true, correct and com | plete. | 3/2/0/18 | Rosanna Lombardi | |
| HERE | Signature | administrate - | 10 | | |
| | Signature of plan a | administrator | Date | Enter name of individual signi | ng as plan administrator |
| | | | | | |
| SIGN | Signature of emplo | | Date | | |

Form 5500-SF 2017

| | | | i age L | | | | |
|---------|--|---------------|------------------------|------------|--------------|--------------|----------------------|
| 6a b | Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a | an independ | dent qualified public | accoun | tant (le | OPA) | |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility a | and condition | ons.) | | | | X Yes No |
| С | If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in | | | | | | |
| | If "Yes" is checked, enter the My PAA confirmation number from the | e PBGC pre | emium filing for this | plan ve | 4021): ar | [] те | No Not determined |
| Da | rt III Financial Information | | | pianyo | | | |
| 7 | Plan Assets and Liabilities | | | | | | |
| a | Total plan assets | | (a) Beginning | | | | (b) End of Year |
| | Total plan liabilities | 7a | 1 | ,828, | 978 | | 2,204,294 |
| | Net plan assets (subtract line 7b from line 7a) | 7b | 1 | 020 | 070 | | 0.004.004 |
| 8 | Income, Expenses, and Transfers for this Plan Year | 7c | | ,828, | 978 | _ | 2,204,294 |
| a | Contributions received or receivable from: | | (a) Amou | nt | - | | (b) Total |
| | (1) Employers | 8a(1) | | 72, | 018 | | |
| | (2) Participants | 8a(2) | | 140, | 828 | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | |
| b | Other income (loss) | 8b | | 255, | 177 | E DE LA | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 468,023 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 91, | 282 | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 1, | 425 | | |
| g | Other expenses | 8g | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | Charles and the | | | | 92,707 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | 375,316 |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | |
| Pa | rt IV Plan Characteristics | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension f $2T$ 3D 2G 2E 2J | eature code | es from the List of Pl | lan Cha | racteri | stic Codes | in the instructions: |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | ature codes | s from the List of Pla | n Chara | acteris | tic Codes in | the instructions: |
| Par | t V Compliance Questions | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amount |
| а | Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) | oluntary Fid | uciary Correction | | | x | Anount |
| b | Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) | (Do not inc | lude transactions | 10a 10b | | x | |
| С | | | | 10c | х | | 500,000 |

Х

х

х

8,474

42,353

X

Х

10d

10e

10f

10g

10h

10i

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?....

Were any fees or commissions paid to any brokers, agents, or other persons by an insurance

carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)....

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

If 10h was answered "Yes," check the box if you either provided the required notice or one of the

exceptions to providing the notice applied under 29 CFR 2520.101-3

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

e

h

i.

Form 5500-SF 2017

| Part | /I Pension Funding Compliance | | | | | |
|------|---|-------------|----------|------------|----------|-------|
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below) | dule S | В | | Yes | No No |
| 11a | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | 11a | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? | 302 0 | f | | Yes | X No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | 1 | | |
| | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver | enter Da | the date | of the let | ter ruli | ng |
| If | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | |
| b | Enter the minimum required contribution for this plan year | 12b | | | | |
| | Enter the amount contributed by the employer to the plan for this plan year | 12c | | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | 12d | | | _ | |
| e | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes | No | | N/A |
| Part | | | | _ | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | Ye | s X | No | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | | | _ |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | | Yes | XN | 0 |
| С | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.) | to | | | | |
| | 3c(1) Name of plan(s): 13c(2) | EIN(s |) | 130 | (3) PN | N(s) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |