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14351 GLENCAIRN RD. 83	C/				81 N	ame			
MIAMI LAKES FL 33018 B3 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing lits registered office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered signer. I am familiar with, and accept the obligations of Section 607 0505, Florids Statutes. SIGNATURE Signature, typed or protect name of registered and site 4 supercable: 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PTD UNAME CALZADILLA, ANGEL 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PTD UNAME CALZADILLA, ANGEL 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VSD UNAME CALZADILLA, ANGEL 14. CITY-ST-2P MIAMI LAKES FL 22. CITY-ST-2P MIAMI LAKES FL 23. STREET ADDRESS CITY-ST-2P TITLE CALZADILLA, ALBERT 32. STREET ADDRESS CITY-ST-2P TITLE VSD CALZADILLA, ALBERT 32. STREET ADDRESS 14. CITY-ST-2P TITLE VSD CALZADILLA, ALBERT 32. STREET ADDRESS 14. CITY-ST-2P TITLE VSD CALZADILLA, ALBERT 32. STREET ADDRESS 14. CITY-ST-2P TITLE VSD CALZADILLA, ALBERT 32. STREET ADDRESS 14. CITY-ST-2P TITLE VSD Change Addition Addition Addition Change Addition Addition Addition Addition Addition TITLE VSD Change Addition Addition Addition Change Addition Addition TITLE NAME STREET ADDRESS TAMARAC FL TOTAL ST-2P TOTAL ST-2P Change Addition Addition CITY-ST-2P TOTAL ST-2P TOTAL ST-2P TOTAL ST-2P Change Addition Addition Addition Addition Addition Addition Addition TOTAL ST-2P TAMARAC FL TAMARAC F	14	351 GLENCAIRN RD.			82 St	reet Addre	ess (P.O. Box Number is Not Acceptal	bie)	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statules, agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statules. Signature Signature typed or private name of registered agent and this if approaches the exposition of the provisions of private name of registered agent and this if approaches the provisions of private name of registered agent and this if approaches the provisions of private name of registered agent and this if approaches the provisions of private name of registered agent and this if approaches the provisions of private name of registered agent and this if approaches to PTI. 12.					83				
11. Pursuant to the provisions of Soctions 607.0502 and 607 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, to both in the State of Floridas 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, Soction 607 0505, Florida Statutes. SIGNATURE Signature, Syred or printed name of registered agent and site if applicable (NOTE Registered Agent signature required when remarkating) DATE 12.					84 C	ty		FI 85 Z	ip Code
SIGNATURE 12.	11. Pursuant office or r	to the provisions of Sect registered agent, or both im familiar with, and acc	ions 607.0502 and 60 , in the State of Florid ept the obligations of	7.1508, Florida Statut a Such change was Section 607.0505, Fl	les, the above-na authorized by the orida Statutes.	med corporation	pration submits this statement for the pon's board of directors. I hereby acce		g its registered as registered
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6.2 NAME

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

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP