FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Katherine Harris Secretary of State

Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90126 001 ***150.00

Principal Place of Business \$205 KINGSRIDGE DR TEMPLE TERRACE FL 33637 US 2. Principal Place of Business 3. Date Incorporated or Qualifed 09/12/1983 4. FEI Number 3. Post Additional 5. Certificate of Status Desired 3. Set Incorporation 4. FEI Number 5. Certificate of Status Desired 4. FEI Number 5. Certificate of Status Desired 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. For Additional 7. Fee Required 7. Country 7. Country 8. This corporation owes the current year Intangible 8. Personal Property Tax. Yeas 8. Mol Address of New Registered Agent 7. Name 7. Name and Address of New Registered Agent 7. Name 7. Name and Address of New Registered Agent 7. Name 7. Name and Address of New Registered Agent 7. Street Address (P.O. Box Number is Not Acceptable) 7. Street Address (P.O. Box Number is Not Acceptable) 7. Street Address of New Registered Agent Status Stat	Principal Place of Business \$606 KINGSRIDGE DR TEMPLE TERRACE FL 33637 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/12/1983 2. Principal Place of Business 2. Applied For 1 Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Date Incorporated or Qualified 09/12/1983 4. FEI Number 59-232 1262 Not Applied For Not Applied For Suite, Apt. #, etc. 5. Certificate of Status Desired City & State City & State City & State 22 City & State City & State 22 City & State 23 24 25 25 29 30 8. Final Contribution owes the current year Intangible Personal Property Tax. VIERA, JUAN A 9205 KINGSRIDGE DR TEMPLE TERRACE FL 33637 81 Name VIERA, JUAN A 9205 KINGSRIDGE DR TEMPLE TERRACE FL 33637 82 Street Address (P.O. Box Number is Not Acceptable) 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 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, 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, 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, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the epipeintment as 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, 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, 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. 11. Pursue
Principal Place of Business \$605 KINGSRIDGE DR \$60	Principal Place of Business \$606 KINGSRIDGE DR TEMPLE TERRACE FL 33637 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/12/1983 2. Principal Place of Business 2. Applied For 1 Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Date Incorporated or Qualified 09/12/1983 4. FEI Number 59-232 1262 Not Applied For Not Applied For Suite, Apt. #, etc. 5. Certificate of Status Desired City & State City & State City & State 22 City & State City & State 22 City & State 23 24 25 25 29 30 8. Final Contribution owes the current year Intangible Personal Property Tax. VIERA, JUAN A 9205 KINGSRIDGE DR TEMPLE TERRACE FL 33637 81 Name VIERA, JUAN A 9205 KINGSRIDGE DR TEMPLE TERRACE FL 33637 82 Street Address (P.O. Box Number is Not Acceptable) 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 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, 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, 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, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the epipeintment as 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, 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, 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. 11. Pursue
Principal Place of Business \$05 KINGSRIDGE DR TEMPLE TERRACE FL 33837 US 2. Principal Place of Business 2. Mailing Address US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/12/1983 09/12/1983 2. Principal Place of Business 2. Mailing Address 4. FEI Number 2. Ponocipal Place of Business 2. Mailing Address 4. FEI Number Applied For Not Applied For Not Applied For Status Passage 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualifed 09/12/1983 3. Date Incorporated or Qualifed 09/12/1983 5. Certificate of Status Desired FE Required 2. City & State City & State City & State 3. Election Campaign Financing Address of Status Desired 5. Certificate of Status Desired Fer Required Fer Required 5. Certificate of Status Desired Fer Required	Principal Place of Business 805 KINGSRIDGE DR TEMPLE TERRACE FL 33637 US 20 Principal Place of Business 21 Principal Place of Business 22 A Mailing Address 23 Date Incorporated or Qualifed 09/12/1983 25 DO NOT WRITE IN THIS SPACE 3 Date Incorporated or Qualifed 09/12/1983 4 FEI Number 59-232 1262 Not Applied For 59-332 1262 Not Applied For 59-232 1262 Not Applied For 50-232 12
Principal Place of Business \$205 KINGSRIDGE DR TEMPLE TERRACE FL 33637 US 2. Principal Place of Business 3. Date Incorporated or Qualifed 09/12/1983 4. FEI Number 3. Post Additional 5. Certificate of Status Desired 3. Set Incorporation 4. FEI Number 5. Certificate of Status Desired 4. FEI Number 5. Certificate of Status Desired 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. For Additional 7. Fee Required 7. Country 7. Country 8. This corporation owes the current year Intangible 8. Personal Property Tax. Yeas 8. Mol Address of New Registered Agent 7. Name 7. Name and Address of New Registered Agent 7. Name 7. Name and Address of New Registered Agent 7. Name 7. Name and Address of New Registered Agent 7. Street Address (P.O. Box Number is Not Acceptable) 7. Street Address (P.O. Box Number is Not Acceptable) 7. Street Address of New Registered Agent Status Stat	Principal Place of Business Walling Address US DO NOT WRITE IN THIS SPACE TEMPLE TERRACE FL 33637 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/12/1983 2. Principal Place of Business 2a. Mailing Address 25
Principal Place of Business \$205 KINGSRIDGE DR TEMPLE TERRACE FL 33637 US 2. Principal Place of Business 3. Date Incorporated or Qualifed 09/12/1983 4. FEI Number 3. Post Additional 5. Certificate of Status Desired 3. Set Incorporation 4. FEI Number 5. Certificate of Status Desired 4. FEI Number 5. Certificate of Status Desired 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. For Additional 7. Fee Required 7. Country 7. Country 8. This corporation owes the current year Intangible 8. Personal Property Tax. Yeas 8. Mol Address of New Registered Agent 7. Name 7. Name and Address of New Registered Agent 7. Name 7. Name and Address of New Registered Agent 7. Name 7. Name and Address of New Registered Agent 7. Street Address (P.O. Box Number is Not Acceptable) 7. Street Address (P.O. Box Number is Not Acceptable) 7. Street Address of New Registered Agent Status Stat	Principal Place of Business Walling Address US DO NOT WRITE IN THIS SPACE TEMPLE TERRACE FL 33637 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/12/1983 2. Principal Place of Business 2a. Mailing Address 25
Principal Place of Business \$205 KINGSRIDGE DR TEMPLE TERRACE FL 33637 US 2. Principal Place of Business 3. Date Incorporated or Qualifed 09/12/1983 4. FEI Number 3. Post Additional 5. Certificate of Status Desired 3. Set Incorporation 4. FEI Number 5. Certificate of Status Desired 4. FEI Number 5. Certificate of Status Desired 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. For Additional 7. Fee Required 7. Country 7. Country 8. This corporation owes the current year Intangible 8. Personal Property Tax. Yeas 8. Mol Address of New Registered Agent 7. Name 7. Name and Address of New Registered Agent 7. Name 7. Name and Address of New Registered Agent 7. Name 7. Name and Address of New Registered Agent 7. Street Address (P.O. Box Number is Not Acceptable) 7. Street Address (P.O. Box Number is Not Acceptable) 7. Street Address of New Registered Agent Status Stat	Principal Place of Business Walling Address US DO NOT WRITE IN THIS SPACE TEMPLE TERRACE FL 33637 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/12/1983 2. Principal Place of Business 2a. Mailing Address 25
TEMPLE TERRACE FL 33637 US TEMPLE TERRACE FL 33637 US TEMPLE TERRACE FL 33637 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/12/1983 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 4. FEI Number Applied For 59-232 12662 Not Applied 21 Suite, Apt. #, etc. 22 Z7 City & State 23 Z1 City & State 24 City Country 25 Z9 30 Name and Address of Current Registered Agent VIERA, JUAN A 9205 KINGSRIDGE DR TEMPLE TERRACE FL 33637 83 Street Address (P.O. Box Number is Not Acceptable) 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 or egistered 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. In an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. The agent agenture required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. TITLE DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/12/1983 4. FEI Number 59-232 12662 Not Applied For 59-232 12662 S. Certificate of Status Desired Status Des	TEMPLE TERRACE FL 38637 US TEMPLE TERRACE FL 38637 US TEMPLE TERRACE FL 38637 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/12/1983 4. FEI Number 59-2321262 Not Applied For 59-2321262 Not Applied For 59-2321262 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State City & State City & State 7. Election Campaign Financing Added to Fee Required 7. Suite, Apt. #, etc. Suite, Apt. #, etc
US US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/12/1983 2. Principal Place of Business 2. Mailing Address 4. FEI Number 59-2321262 Suite, Apt. #, etc. 59-2321262 Suite, Apt. #, etc. 59-2321262 Suite, Apt. #, etc. 50-2321262 S	US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/12/1983 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 09/12/1983 4. FEI Number 59-2321262 Not Applied For 59-2321262 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State 7. Country 7. Zip 7. Country 7. Zip 7. Country 7. Zip 7. Country 8. This corporation owes the current year Intangible Personal Property Tax. YERA, JUAN A 9205 KINGSRIDGE DR TEMPLE TERRACE FL 33637 81 Name 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes. He 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 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 office agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent. SIGNATURE Signature, typed or printed name of registered agent and state if approache. Not Applied For Applied For Street Address (P.O. Box Number is Not Acceptable) DATE 12. OFFICERS AND DIRECTORS 11.2
3. Date Incorporated of Qualifed 09/12/1983 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. FEI Number 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3. Certificate of Status Desired 38.75 Additional Fee Required City & State 3. To Country 4. Figure Country 4. This corporation owes the current year Intangible Personal Property Tax. 4. This corporation owes the current year Intangible Personal Property Tax. 4. This corporation owes the current year Intangible Personal Property Tax. 4. This corporation owes the current year Intangible Personal Property Tax. 4. This corporation owes the current year Intangible Personal Property Tax. 4. This corporation owes the current year Intangible Personal Property Tax. 4. This corporation owes the current year Intangible Personal Property Tax. 4. This corporation owes the current year Intangible Personal Property Tax. 4. This corporation of the current year Intangible Personal Property Tax. 5. Certificate of Status Desired 4. FEI Number 5. Certificate of Status Desired 6. Election Campaign Financing 7. Status Desired 7. Name 7. Name 8. This corporation was the current page of Campaign Financing 8. This corporation was the current page of Campaign Financing 8. This corporation was the current page of Campaign Financing 8. City & FL 8. Name 8. This corpor	3. Date Incorporated or Qualified 09/12/1983 2. Principal Place of Business 2. Applied For 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. FEI Number 59-232 1262 50-232 12
2. Principal Place of Business	2. Principal Place of Business 2. Mailing Address 4. FEI Number 59-2321262 Not Applicable 59-2321262 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State City & State 28 Zip Country Zip Country Zip Country 29 30 Suite, Apt. #, etc. 30 Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country Discountry Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Discountry Suite, Apt. #, etc. Suite, A
2. Principal Place of Business 2. Mailling Address 2. Mailling Address 3. FEI Number 59-232 1262 Suite, Apt. #, etc. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Certificate of Status Desired \$8.75 Additional Fee Required Fee	2. Principal Place of Business 2. Mailling Address 2. Mailling Address 3. Suite, Apt. #, etc. 3. Certificate of Status Desired
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Status Desired \$8.75 Additional Fee Required	Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Status Desired \$8.75 Additional Fee Required	Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State Required \$ 5.00 May Be Added to Fees Added to Fees Added to Fees Trust Fund Contribution Address of country Zip Country Zip Country Zip Country B. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent VIERA, JUAN A 9205 KINGSRIDGE DR TEMPLE TERRACE FL 33637 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 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 arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if appicable, (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Address Address of New Registered Agent Note: Address of New Registered Agent Address of New Registered Agent Note: Address of New Registered Agent Address of New Registered Agent Note: Address of New Registered Agent Address of New Registered Agent Address of New Registered Agent Agent Interplet Tax. The Section Company Tax. The Section Company Tax. The Section Country Street Address of New Registered Agent Street Address of New Registered Agent To Name and Address of New Registered Agent The Personal Property Tax. The Section Company Tax. The Section Company Tax. The Section Country Street Address of New Registered Agent The Personal Property Tax. The Personal Property Tax. The Section Country Street Address of New Registered The Personal Property Tax. The Personal Property Tax. The Personal Property Tax. The Personal Prope	City & State Country Zip Country Zip Country Zip Country Signature, typed or printed name of registered agent and title if applicable. City & State Country Struct Fund Contribution Radded to Fees Trust Fund Contribution Struct Fund Contribution Added to Fees Trust Fund Contribution Added to Fees Struct Fund Contribution Country Struct Fund Contribution Added to Fees Struct Fund Contribution Name Intrust Fund Contribution Struct Fund Contribution Added to Fees Struct Fund Contribution Name Intrust Fund Contribution Added to Fees Added to Fees Trust Fund Contribution Added to Fees Struct Fund Contribution Name Intrust Fund Contribution Name Intrust Fund Contribution Struct Fund Contribution Struct Fund Contribution Name Intrust Fund Contribution Struct Fund Contribution Name Intrust Fund Contribution Struct Fund Contribution Struct Fund Contribution Struct Fund Contribution Struct Fund Contribution Added to Fees Struct Fund Contribution Struct Fund Contribut
Zip Country Zip Country B. Trust Fund Contribution Added to Fees Zip Country B. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent VIERA, JUAN A 9205 KINGSRIDGE DR TEMPLE TERRACE FL 33637 81 Name Viera, Juan A 9205 KINGSRIDGE DR TEMPLE TERRACE FL 33637 82 Street Address (P.O. Box Number is Not Acceptable) 83	Zip Country Zip Country B. This corporation owes the current year Intangible Personal Property Tax. Yes No Personal Property T
Zip Country Zip Country B. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent B1 Name VIERA, JUAN A 9205 KINGSRIDGE DR TEMPLE TERRACE FL 33637 10. Name and Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I heraby accept the appointment as registered agent, 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 reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Additional Countries and Address of Florida Countries and Additional Countries and	Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent VIERA, JUAN A 9205 KINGSRIDGE DR TEMPLE TERRACE FL 33637 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 15 Street Address (P.O. Box Number is Not Acceptable) 16 Trust Fund Contribution Added to Pees 17 Name and Address of New Registered Agent 18 Name 19 Street Address (P.O. Box Number is Not Acceptable) 19 Street Address (P.O. Box Number is Not Acceptable) 10 Name and Address of New Registered Agent 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 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 side if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12 OFFICERS AND DIRECTORS 11 2
Personal Property Tax.	24 25 29 30 Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent VIERA, JUAN A 9205 KINGSRIDGE DR TEMPLE TERRACE FL 33637 81 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and bitle if applicable. NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 11.2
9. Name and Address of Current Registered Agent VIERA, JUAN A 9205 KINGSRIDGE DR TEMPLE TERRACE FL 33637 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I heraby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD Change Address of New Registered Agent 81 Name 12. NOTE: Registered Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Zip Code FL 85 Zip Code FL 85 Zip Code 15 NOTE: Registered Agent signature required when reinstating) DATE Change Address of New Registered Agent Street Address of New Registered Agent Agent signature required Address of New Registered Agent Agent signature required Agent signature required when reinstating) DATE Change Address of New Registered Agent Agent signature required when reinstating) Change Address of New Registered Agent Agent signature required when reinstating) DATE Change Address of New Registered Agent Agent signature required when reinstating) Change Address of New Registered Agent Agent signature required when reinstating) DATE Change Address of New Registered Agent Agent signature required when reinstating) Change Address of New Registered Agent Agent signature required when reinstating) Change Address of New Registered Agent Agent signature required when reinstating)	9. Name and Address of Current Registered Agent VIERA, JUAN A 9205 KINGSRIDGE DR TEMPLE TERRACE FL 33637 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 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, 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 reinstating) DATE OFFICERS AND DIRECTORS IN 12
VIERA, JUAN A 9205 KINGSRIDGE DR TEMPLE TERRACE FL 33637 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 registerer 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 arm 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 reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Add	VIERA, JUAN A 9205 KINGSRIDGE DR TEMPLE TERRACE FL 33637 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 arm 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 reinstating) DATE OFFICERS AND DIRECTORS IN 12
VIERA, JUAN A 9205 KINGSRIDGE DR TEMPLE TERRACE FL 33637 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 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 arm 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 reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Add	VIERA, JUAN A 9205 KINGSRIDGE DR TEMPLE TERRACE FL 33637 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 reinstating) DATE OFFICERS AND DIRECTORS IN 12
9205 KINGSRIDGE DR TEMPLE TERRACE FL 33637 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 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 reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD DELETE 1.1 TITLE	9205 KINGSRIDGE DR TEMPLE TERRACE FL 33637 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 reinstating) DATE OFFICERS AND DIRECTORS IN 12
TEMPLE TERRACE FL 33637 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 agent. I arm 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 reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PO DELETE 1.1 TITLE	TEMPLE TERRACE FL 33637 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 reinstating) DATE OFFICERS AND DIRECTORS IN 12
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 agent. I arm 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 reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PO DELETE 1.1 TITLE	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. Speed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS IN 12
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 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 arm 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 reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE Change Additional Change Additional Change Change Change Additional Change Additional Change Additional Change Additional Change Change Change Change Change Additional Change Chang	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 arm 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 reinstatung) DATE 12. OFFICERS AND DIRECTORS IN 12
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 arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PO	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 reinstating) DATE 12. OFFICERS AND DIRECTORS IN 12
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I heraby 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 reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE	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 arm 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 reinstatung) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD Change Add	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD Change Add	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD DELETE 1.1 TITLE Change Addi	
110	TITLE DELETE 1.1 TITLE Change Addition
NICOA BIANIA	
	NAME VIERA, JUAN A. 1.2 NAME
	STREET ADDRESS 9205 KINGSRIDGE DR. 1.3 STREET ADDRESS
	STREET ADDRESS 9205 KINGSRIDGE DR. 1.3 STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE FL 1.4 CITY-ST-ZIP
NAME FERNANDEZ, ROSENDO 22 NAME	STREET ADDRESS CITY_ST-ZIP TITLE SD 1.3 STREET ADDRESS 1.4 CITY_ST-ZIP 2.1 TITLE Change
	STREET ADDRESS CITY_ST-ZIP TITLE SD 1.3 STREET ADDRESS 1.4 CITY_ST-ZIP 2.1 TITLE Change
STREET ADDRESS 10913 AUTUMN OAK ST. 23 STREET ADDRESS T. 7. C.	STREET ADDRESS CITY_ST-ZIP TITLE SD 1.3 STREET ADDRESS 1.4 CITY_ST-ZIP 2.1 TITLE Change
STREET ADDRESS 10913 AUTUMN OAK ST. 2.3 STREET ADDRESS 7. 7. C. TAMPA FL 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP	STREET ADDRESS CITY_ST-ZIP TITLE SD 1.3 STREET ADDRESS 1.4 CITY_ST-ZIP 2.1 TITLE Change
STREET ADDRESS 10913 AUTUMN OAK ST. CITY-ST-ZIP TAMPA FL 10112 VD 10112 TAMPA FL 10112 TAM	STREET ADDRESS CITY_ST-ZIP TITLE SD 1.3 STREET ADDRESS 1.4 CITY_ST-ZIP 2.1 TITLE Change
STREET ADDRESS CITY-ST-ZIP TITLE VD NAME ABUT, JOSE 10913 AUTUMN OAK ST. 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP 2.5 CITY-ST-ZIP 2.5 STREET ADDRESS 2.4 CITY-ST-ZIP 2.7 CITY-ST-ZIP	STREET ADDRESS CITY_ST-ZIP TITLE SD 1.3 STREET ADDRESS 1.4 CITY_ST-ZIP 2.1 TITLE Change
STREET ADDRESS CITY-ST-ZIP TAMPA FL UD DELETE 31 TITLE VD ABUT, JOSE STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 31 TITLE 31 TITLE 32 NAME 32 NAME 33 STREET ADDRESS 4 13 1 73	STREET ADDRESS CITY-ST-ZIP TITLE SD DELETE 1.4 CITY-ST-ZIP TITLE SD NAME FERNANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TOP13 AUTUMN OAK ST. CITY-ST-ZIP TITLE VD NAME ABUT, JOSE STREET ADDRESS 2210 SW 26TH ST. 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 4.13 1.73 Addition 1.3 STREET ADDRESS 4.13 1.73
CIT-STAIR PROVINCE	STREET ADDRESS CITY-ST-ZIP TITLE SD DELETE 1.4 CITY-ST-ZIP TITLE SD TERMANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TAMPA FL 1.3 STREET ADDRESS CITY-ST-ZIP TITLE VD DELETE 3.1 TITLE VD DELETE 3.1 TITLE NAME ABUT, JOSE STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.4 CITY-ST-ZIP
TITLE TD DELETE 4.1 TITLE Change Add	STREET ADDRESS CITY-ST-ZIP TITLE SD ONAME FERNANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TITLE VD ODELETE STREET ADDRESS STREET
TITLE TD DELETE 4.1 TITLE Change Add NAME VIERA, MARIA E. 4.2 NAME	STREET ADDRESS 9205 KINGSRIDGE DR. 13 STREET ADDRESS
TITLE TD DELETE 4.1 TITLE Change Add NAME VIERA, MARIA E. STREET ADDRESS 9205 KINGSRIDGE DR. 4.1 TITLE ADDRESS	STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE FL 11 A CITY-ST-ZIP TITLE SD SD STREET ADDRESS TREET ADDRESS TAMPA FL STREET ADDRESS TITLE VD ABUT, JOSE STREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TAMPA FL STREET ADDRESS TREET ADDRESS TO Change Addition Addition Change Addition Addition STREET ADDRESS TREET ADDRESS
TITLE TD DELETE 4.1 TITLE Change Add VIERA, MARIA E. STREET ADDRESS 9205 KINGSRIDGE DR. CITY-ST-ZIP TEMPLE TERRACE FL 4.4 CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE FL TITLE SD CITY-ST-ZIP TITLE SD CITY-ST-ZIP TITLE SD CITY-ST-ZIP TO TAMPA FL TITLE VD ABUT, JOSE STREET ADDRESS CITY-ST-ZIP TITLE VD ABUT, JOSE STREET ADDRESS CITY-ST-ZIP TITLE TITLE TO NAME VIERA, MARIA E. STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE FL 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.7 C. 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.7 C. 1.4 CITY-ST-ZIP 1.7 C. Change Addition TEMPLE TERRACE FL 4.2 NAME STREET ADDRESS GITY-ST-ZIP TEMPLE TERRACE FL Addition
TITLE	STREET ADDRESS CITY-ST-ZIP TITLE SD DELETE 2.1 TITLE SD NAME FERNANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TITLE VD NAME ABUT, JOSE STREET ADDRESS 22 10 SW 26TH ST. DELETE TITLE TD NAME VIERA, MARIA E. STREET ADDRESS
TITLE	STREET ADDRESS CITY- ST- ZIP TITLE SD TEMPLE TERRACE FL TITLE SD TERRANDEZ, ROSENDO STREET ADDRESS 14 CITY- ST- ZIP TITLE NAME FERNANDEZ, ROSENDO STREET ADDRESS CITY- ST- ZIP TITLE VD TITLE TD TO
TITLE TITLE TITLE TO DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE FL DELETE 5.1 TITLE NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 STREET ADDRESS 5.5 STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP TITLE SD TEMPLE TERRACE FL TITLE SD TOBLETE TITLE SD TOBLETE TITLE SD TOBLETE TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS TAMPA FL TITLE VD TOBLETE STREET ADDRESS STREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TOTY-ST-ZIP TITLE TO STREET ADDRESS TREET ADDRESS TREET ADDRESS TOTY-ST-ZIP TITLE TO STREET ADDRESS TREET ADDRESS TREET ADDRESS TOTY-ST-ZIP TITLE TO STREET ADDRESS TREET ADDRESS TREET ADDRESS TOTY-ST-ZIP TITLE TO STREET ADDRESS TOTY-ST-ZIP TITLE TO STREET ADDRESS TOTY-ST-ZIP TITLE TO STREET ADDRESS TOTY-ST-ZIP TITLE NAME STREET ADDRESS TOTY-ST-ZIP TOTAL STREET ADDRESS TOTAL STREET ADDRESS TOTAL STREET ADDR
TITLE	STREET ADDRESS 9205 KINGSRIDGE DR. 13 STREET ADDRESS 14 CITY-ST-ZIP
DELETE	STREET ADDRESS 9205 KINGSRIDGE DR. 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE TD	STREET ADDRESS STRE
	NAME VIERA, JUAN A. 1.2 NAME
	THE TILLY, OUT A.
STREET ADDRESS 9205 KINGSRIDGE DR. 1.3 STREET ADDRESS	
TOUGH F TOUGHOS EL	
CITY-ST-ZIP TEMPLE TERRACE FL 14 CITY-ST-ZIP	
	STREET ADDRESS 9205 KINGSRIDGE DR. 1.3 STREET ADDRESS
TIDE SD DELETE 2.1 TILE Change Add	STREET ADDRESS 9205 KINGSRIDGE DR. 1.3 STREET ADDRESS
	STREET ADDRESS 9205 KINGSRIDGE DR. 1.3 STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE FL 1.4 CITY-ST-ZIP
	STREET ADDRESS 9205 KINGSRIDGE DR. 1.3 STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE FL 1.4 CITY-ST-ZIP
NAME FERNANDEZ, ROSENDO 22 NAME	STREET ADDRESS CITY_ST-ZIP TITLE SD 1.3 STREET ADDRESS 1.4 CITY_ST-ZIP 2.1 TITLE Change
NAME PENIVANDEZ, NOSCHOO	STREET ADDRESS CITY_ST-ZIP TITLE SD 1.3 STREET ADDRESS 1.4 CITY_ST-ZIP 2.1 TITLE Change
	STREET ADDRESS CITY_ST-ZIP TITLE SD 1.3 STREET ADDRESS 1.4 CITY_ST-ZIP 2.1 TITLE Change
1 (AA (A 1) PROVIDE A 1) AT	STREET ADDRESS CITY_ST-ZIP TITLE SD 1.3 STREET ADDRESS 1.4 CITY_ST-ZIP 2.1 TITLE Change
STREET ADDRESS 10013 AUTUMN DAK ST 23 STREET ADDRESS T 7 L:	STREET ADDRESS CITY_ST-ZIP TITLE SD 1.3 STREET ADDRESS 1.4 CITY_ST-ZIP 2.1 TITLE Change
STREET ADDRESS 10913 AUTUMN OAK ST. 23 STREET ADDRESS 7. 4.	STREET ADDRESS CITY_ST-ZIP TITLE SD 1.3 STREET ADDRESS 1.4 CITY_ST-ZIP 2.1 TITLE Change
STREET ADDRESS 10913 AUTUMN OAK ST. 23 STREET ADDRESS T. 7. 4.	STREET ADDRESS CITY_ST-ZIP TITLE SD 1.3 STREET ADDRESS 1.4 CITY_ST-ZIP 2.1 TITLE Change
STREET ADDRESS 10913 AUTUMN OAK ST. 2.3 STREET ADDRESS T. 7. C.	STREET ADDRESS CITY_ST-ZIP TITLE SD 1.3 STREET ADDRESS 1.4 CITY_ST-ZIP 2.1 TITLE Change
STREET ADDRESS 10913 AUTUMN OAK ST. 2.3 STREET ADDRESS 7. 7. C. TAMPA FI	STREET ADDRESS CITY_ST-ZIP TITLE SD 1.3 STREET ADDRESS 1.4 CITY_ST-ZIP 2.1 TITLE Change
STREET ADDRESS 10913 AUTUMN OAK ST. CITY-ST-ZIP 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP	STREET ADDRESS CITY_ST-ZIP TITLE SD 1.3 STREET ADDRESS 1.4 CITY_ST-ZIP 2.1 TITLE Change
STREET ADDRESS 10913 AUTUMN OAK ST. CITY-ST-ZIP TAMPA FL 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 7. 7. C.	STREET ADDRESS CITY_ST-ZIP TITLE SD 1.3 STREET ADDRESS 1.4 CITY_ST-ZIP 2.1 TITLE Change
STREET ADDRESS 10913 AUTUMN OAK ST. CITY-ST-ZIP TAMPA FL 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP	STREET ADDRESS CITY_ST-ZIP TITLE SD 1.3 STREET ADDRESS 1.4 CITY_ST-ZIP 2.1 TITLE Change
STREET ADDRESS 10913 AUTUMN OAK ST. CITY-ST-ZIP TAMPA FL 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	STREET ADDRESS CITY_ST-ZIP TITLE SD 1.3 STREET ADDRESS 1.4 CITY_ST-ZIP 2.1 TITLE Change
STREET ADDRESS 10913 AUTUMN OAK ST. CITY-ST-ZIP TAMPA FL 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP TITLE VD DELETE 31 TITLE	STREET ADDRESS CITY_ST-ZIP TITLE SD 1.3 STREET ADDRESS 1.4 CITY_ST-ZIP 2.1 TITLE Change
STREET ADDRESS 10913 AUTUMN OAK ST. CITY-ST-ZIP TAMPA FL 1011 DELETE 31 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 1011 DELETE 31 TITLE	STREET ADDRESS CITY_ST-ZIP TITLE SD 1.3 STREET ADDRESS 1.4 CITY_ST-ZIP 2.1 TITLE Change
STREET ADDRESS 10913 AUTUMN OAK ST. CITY-ST-ZIP TITLE VD DELETE 31 TITLE NAME ABUT, JOSE 2.3 STREET ADDRESS 7. 7. C. 2.3 STREET ADDRESS 7. 7. C. 2.4 CITY-ST-ZIP 7. C. 3.1 TITLE 7. C. 3.2 NAME 7. C. 3.2 NAME 7. C.	STREET ADDRESS CITY_ST-ZIP TITLE SD 1.3 STREET ADDRESS 1.4 CITY_ST-ZIP 2.1 TITLE Change
STREET ADDRESS 10913 AUTUMN OAK ST. CITY-ST-ZIP TAMPA FL 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 7. 7. C. ITILE VD DELETE 31 TITLE NAME ABUT, JOSE COAD CITY OF THE STANDARD 12 ANAME 13 ANAME 14 ANAME 15	STREET ADDRESS CITY_ST-ZIP TITLE SD 1.3 STREET ADDRESS 1.4 CITY_ST-ZIP 2.1 TITLE Change
STREET ADDRESS CITY-ST-ZIP TAMPA FL 10913 AUTUMN OAK ST. TAMPA FL 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE VD ABUT, JOSE STREET ADDRESS STREET ADDRESS STREET ADDRESS 32 NAME 33 STREET ADDRESS 413173	STREET ADDRESS CITY_ST-ZIP TITLE SD 1.3 STREET ADDRESS 1.4 CITY_ST-ZIP 2.1 TITLE Change
STREET ADDRESS CITY-ST-ZIP TITLE VD NAME ABUT, JOSE STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP MIAMI FI MIA	STREET ADDRESS CITY-ST-ZIP TITLE SD DELETE 1.4 CITY-ST-ZIP TITLE SD NAME FERNANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TOP13 AUTUMN OAK ST. CITY-ST-ZIP TITLE VD NAME ABUT, JOSE STREET ADDRESS 2210 SW 26TH ST. 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 4.13 1.73 Addition 1.3 STREET ADDRESS 4.13 1.73
CIT-STAIR PROVINCE	STREET ADDRESS CITY-ST-ZIP TITLE SD DELETE 1.4 CITY-ST-ZIP TITLE SD TERMANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TAMPA FL 1.3 STREET ADDRESS CITY-ST-ZIP TITLE VD DELETE 3.1 TITLE VD DELETE 3.1 TITLE NAME ABUT, JOSE STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.4 CITY-ST-ZIP
CIT-3/AIP INVAILE	STREET ADDRESS CITY-ST-ZIP TITLE SD DELETE 1.4 CITY-ST-ZIP TITLE SD TERMANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TAMPA FL 1.3 STREET ADDRESS CITY-ST-ZIP TITLE VD DELETE 3.1 TITLE VD DELETE 3.1 TITLE NAME ABUT, JOSE STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.4 CITY-ST-ZIP
CIT-3/AIP INVAILE	STREET ADDRESS CITY-ST-ZIP TITLE SD DELETE 1.4 CITY-ST-ZIP TITLE SD TERMANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TAMPA FL 1.3 STREET ADDRESS CITY-ST-ZIP TITLE VD DELETE 3.1 TITLE VD DELETE 3.1 TITLE NAME ABUT, JOSE STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.4 CITY-ST-ZIP
TITLE TD DELETE 4.1 TITLE Change Add	STREET ADDRESS CITY-ST-ZIP TITLE SD ONAME FERNANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TITLE VD ODELETE STREET ADDRESS STREET
TITLE TD DELETE 4.1 TITLE Change Add	STREET ADDRESS CITY-ST-ZIP TITLE SD ONAME FERNANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TITLE VD ODELETE STREET ADDRESS STREET
TITLE TD DELETE 4.1 TITLE Change Add	STREET ADDRESS CITY-ST-ZIP TITLE SD ONAME FERNANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TITLE VD ODELETE STREET ADDRESS STREET
TITLE TD DELETE 4.1 TITLE Change Add NAME VIERA, MARIA E. 4.2 NAME	STREET ADDRESS 9205 KINGSRIDGE DR. 13 STREET ADDRESS
TITLE TD DELETE 4.1 TITLE Change Add NAME VIERA, MARIA E. 4.2 NAME	STREET ADDRESS 9205 KINGSRIDGE DR. 13 STREET ADDRESS
TITLE TD DELETE 4.1 TITLE Change Add NAME VIERA, MARIA E. 4.2 NAME	STREET ADDRESS 9205 KINGSRIDGE DR. 13 STREET ADDRESS
TITLE TD DELETE 4.1 TITLE Change Add NAME VIERA, MARIA E. 4.2 NAME	STREET ADDRESS 9205 KINGSRIDGE DR. 13 STREET ADDRESS
TITLE TD DELETE 4.1 TITLE Change Add NAME VIERA, MARIA E. 4.2 NAME	STREET ADDRESS 9205 KINGSRIDGE DR. 13 STREET ADDRESS
TITLE TD DELETE 4.1 TITLE Change Add NAME VIERA, MARIA E. 4.2 NAME	STREET ADDRESS 9205 KINGSRIDGE DR. 13 STREET ADDRESS
TITLE TD DELETE 4.1 TITLE Change Add NAME VIERA, MARIA E. 4.2 NAME	STREET ADDRESS 9205 KINGSRIDGE DR. 13 STREET ADDRESS
TITLE TD DELETE 4.1 TITLE Change Add NAME VIERA, MARIA E. 4.2 NAME	STREET ADDRESS 9205 KINGSRIDGE DR. 13 STREET ADDRESS
TITLE TD DELETE 4.1 TITLE Change Add NAME VIERA, MARIA E. 4.2 NAME	STREET ADDRESS 9205 KINGSRIDGE DR. 13 STREET ADDRESS
TITLE TD DELETE 4.1 TITLE Change Add NAME VIERA, MARIA E. 4.2 NAME	STREET ADDRESS 9205 KINGSRIDGE DR. 13 STREET ADDRESS
TITLE TD DELETE 4.1 TITLE Change Add NAME VIERA, MARIA E. 4.2 NAME	STREET ADDRESS 9205 KINGSRIDGE DR. 13 STREET ADDRESS
TITLE TD DELETE 4.1 TITLE Change Add NAME VIERA, MARIA E. 4.2 NAME	STREET ADDRESS 9205 KINGSRIDGE DR. 13 STREET ADDRESS
TITLE TD DELETE 4.1 TITLE Change Add	STREET ADDRESS CITY-ST-ZIP TITLE SD ONAME FERNANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TITLE VD ODELETE STREET ADDRESS STREET
TITLE TD DELETE 4.1 TITLE Change Add	STREET ADDRESS CITY-ST-ZIP TITLE SD ONAME FERNANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TITLE VD ODELETE STREET ADDRESS STREET
TITLE TD DELETE 4.1 TITLE Change Add	STREET ADDRESS CITY-ST-ZIP TITLE SD ONAME FERNANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TITLE VD ODELETE STREET ADDRESS STREET
CIT-STAIR PROVINCE	STREET ADDRESS CITY-ST-ZIP TITLE SD DELETE 1.4 CITY-ST-ZIP TITLE SD TERMANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TAMPA FL 1.3 STREET ADDRESS CITY-ST-ZIP TITLE VD DELETE 3.1 TITLE VD DELETE 3.1 TITLE NAME ABUT, JOSE STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.4 CITY-ST-ZIP
TITLE TD DELETE 4.1 TITLE Change Add	STREET ADDRESS CITY-ST-ZIP TITLE SD ONAME FERNANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TITLE VD ODELETE STREET ADDRESS STREET
TITLE TD DELETE 4.1 TITLE Change Add	STREET ADDRESS CITY-ST-ZIP TITLE SD ONAME FERNANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TITLE VD ODELETE STREET ADDRESS STREET
TITLE TD DELETE 4.1 TITLE Change Add	STREET ADDRESS CITY-ST-ZIP TITLE SD ONAME FERNANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TITLE VD ODELETE STREET ADDRESS STREET
CIT-3/AIP INVAILE	STREET ADDRESS CITY-ST-ZIP TITLE SD DELETE 1.4 CITY-ST-ZIP TITLE SD TERMANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TAMPA FL 1.3 STREET ADDRESS CITY-ST-ZIP TITLE VD DELETE 3.1 TITLE VD DELETE 3.1 TITLE NAME ABUT, JOSE STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.4 CITY-ST-ZIP
CIT-3/AIP INVAILE	STREET ADDRESS CITY-ST-ZIP TITLE SD DELETE 1.4 CITY-ST-ZIP TITLE SD TERMANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TAMPA FL 1.3 STREET ADDRESS CITY-ST-ZIP TITLE VD DELETE 3.1 TITLE VD DELETE 3.1 TITLE NAME ABUT, JOSE STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.4 CITY-ST-ZIP
CIT-STAIR PROVINCE	STREET ADDRESS CITY-ST-ZIP TITLE SD DELETE 1.4 CITY-ST-ZIP TITLE SD TERMANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TAMPA FL 1.3 STREET ADDRESS CITY-ST-ZIP TITLE VD DELETE 3.1 TITLE VD DELETE 3.1 TITLE NAME ABUT, JOSE STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.4 CITY-ST-ZIP
CIT-STAIR PROVINCE	STREET ADDRESS CITY-ST-ZIP TITLE SD DELETE 1.4 CITY-ST-ZIP TITLE SD TERMANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TAMPA FL 1.3 STREET ADDRESS CITY-ST-ZIP TITLE VD DELETE 3.1 TITLE VD DELETE 3.1 TITLE NAME ABUT, JOSE STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.4 CITY-ST-ZIP
CIT-STAIR PROVINCE	STREET ADDRESS CITY-ST-ZIP TITLE SD DELETE 1.4 CITY-ST-ZIP TITLE SD TERMANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TAMPA FL 1.3 STREET ADDRESS CITY-ST-ZIP TITLE VD DELETE 3.1 TITLE VD DELETE 3.1 TITLE NAME ABUT, JOSE STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.4 CITY-ST-ZIP
CIT-STAIR PROVINCE	STREET ADDRESS CITY-ST-ZIP TITLE SD DELETE 1.4 CITY-ST-ZIP TITLE SD TERMANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TAMPA FL 1.3 STREET ADDRESS CITY-ST-ZIP TITLE VD DELETE 3.1 TITLE VD DELETE 3.1 TITLE NAME ABUT, JOSE STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.4 CITY-ST-ZIP
CIT-STAIR PROVINCE	STREET ADDRESS CITY-ST-ZIP TITLE SD DELETE 1.4 CITY-ST-ZIP TITLE SD TERMANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TAMPA FL 1.3 STREET ADDRESS CITY-ST-ZIP TITLE VD DELETE 3.1 TITLE VD DELETE 3.1 TITLE NAME ABUT, JOSE STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.4 CITY-ST-ZIP
TITLE TD DELETE 4.1 TITLE Change Add	STREET ADDRESS CITY-ST-ZIP TITLE SD ONAME FERNANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TITLE VD ODELETE STREET ADDRESS STREET
TITLE TD DELETE 4.1 TITLE Change Add	STREET ADDRESS CITY-ST-ZIP TITLE SD ONAME FERNANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TITLE VD ODELETE STREET ADDRESS STREET
TITLE TD DELETE 4.1 TITLE Change Add NAME VIERA, MARIA E. 4.2 NAME	STREET ADDRESS 9205 KINGSRIDGE DR. 13 STREET ADDRESS
TITLE TD DELETE 4.1 TITLE Change Add NAME VIERA, MARIA E. STREET ADDRESS 9205 KINGSRIDGE DR. 4.1 TITLE ADDRESS	STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE FL 11 A CITY-ST-ZIP TITLE SD SD STREET ADDRESS TREET ADDRESS TAMPA FL STREET ADDRESS TITLE VD ABUT, JOSE STREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TAMPA FL STREET ADDRESS TREET ADDRESS TO Change Addition Addition Change Addition Addition STREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS STREET ADDRESS STREET ADDRESS TREET ADDRESS
TITLE TD DELETE 4.1 TITLE Change Add NAME VIERA, MARIA E. STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE FL Address Addr	STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE FL TITLE SD CITY-ST-ZIP TITLE SD CITY-ST-ZIP TITLE SD CITY-ST-ZIP TO TAMPA FL TITLE VD ABUT, JOSE STREET ADDRESS CITY-ST-ZIP TITLE VD ABUT, JOSE STREET ADDRESS CITY-ST-ZIP TITLE TITLE TO NAME VIERA, MARIA E. STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE FL 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.7 C. 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.7 C. 1.4 CITY-ST-ZIP 1.7 C. Change Addition TEMPLE TERRACE FL 4.2 NAME STREET ADDRESS GITY-ST-ZIP TEMPLE TERRACE FL Addition
TITLE TD	STREET ADDRESS CITY-ST-ZIP TITLE SD DELETE TITLE SD NAME FERNANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TITLE VD NAME ABUT, JOSE STREET ADDRESS Z210 SW 26TH ST. CITY-ST-ZIP TITLE TD NAME VIERA, MARIA E. STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE T
TITLE	STREET ADDRESS CITY-ST-ZIP TITLE SD DELETE 2.1 TITLE SD NAME FERNANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TITLE VD NAME ABUT, JOSE STREET ADDRESS 22 10 SW 26TH ST. DELETE TITLE TD NAME VIERA, MARIA E. STREET ADDRESS
TITLE	STREET ADDRESS CITY- ST- ZIP TITLE SD TEMPLE TERRACE FL TITLE NAME FERNANDEZ, ROSENDO STREET ADDRESS CITY- ST- ZIP TITLE VD ABUT, JOSE STREET ADDRESS CITY- ST- ZIP TITLE ABUT, JOSE STREET ADDRESS CITY- ST- ZIP TITLE TITLE TD VIERA, MARIA E. STREET ADDRESS CITY- ST- ZIP TITLE
TITLE	STREET ADDRESS CITY-ST-ZIP TITLE SD DELETE 2.1 TITLE SD NAME FERNANDEZ, ROSENDO STREET ADDRESS CITY-ST-ZIP TITLE VD NAME ABUT, JOSE STREET ADDRESS 22 10 SW 26TH ST. DELETE TITLE TD NAME VIERA, MARIA E. STREET ADDRESS
TITLE TD DELETE 4.1 TITLE Change Add VIERA, MARIA E. STREET ADDRESS 9205 KINGSRIDGE DR. CITY-ST-ZIP TEMPLE TERRACE FL 4.4 CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE FL TITLE SD CITY-ST-ZIP TITLE SD CITY-ST-ZIP TITLE SD CITY-ST-ZIP TO TAMPA FL TITLE VD ABUT, JOSE STREET ADDRESS CITY-ST-ZIP TITLE VD ABUT, JOSE STREET ADDRESS CITY-ST-ZIP TITLE TITLE TO NAME VIERA, MARIA E. STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE FL 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.7 C. 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.7 C. 1.4 CITY-ST-ZIP 1.7 C. Change Addition TEMPLE TERRACE FL 4.2 NAME STREET ADDRESS GITY-ST-ZIP TEMPLE TERRACE FL Addition

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: