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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K64726

1. Corporation Name

AVIATION INSTRUMENTS REPAIR SPECIALISTS, INC

Principal Place of Business	3
-----------------------------	---

Mailing Address

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90126 040 ***150.00



Principal Place	Of Business	Maining Address						
665 MOKENA D		665 MOKENA DRIVE, STE 10	04					
MIAMI SPRINGS	5 FL 33100	MIAMI SPRINGS FL 33166			DO NOT WI	RITE IN THIS	SPACE	
					3. Date Incorporated or Qualife			
					1	u		
					02/10/1989	_	— т	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		⊢ +−	Applied For
21		26			65-0102026		<u> </u>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional
22		27			5. Certificate of Status Desired	Ш	Fee	Required
City & State	<u> </u>	City & State	-		6. Election Campaign Financin		\$5.0	0 May Be
·					Trust Fund Contribution	, [•	d to Fees
23		28	Country					4 10 1 000
Zip	Country	Zip		'	8. This corporation owes the cu		ngibie ∐Yes	⊠No
24	25		30	· 	Personal Property Tax.			(140
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New	Registered A	gent	 -
			81	Name				
EDU.	ARTEZ, JOSE A.		90	Ctront Add	rose /P.O. Boy Number is Not Asso.	ntable)		
	FAIRWAY DRIVE		82	Street Addi	ress (P.O. Box Number is Not Acce	naule)		
	MI BCH FL 33141		83					
IAII)-(I	m DOTT L OUT T		103	1				
			84	City			85 Zi	p Code
						FL		•
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abov	e-named corp	poration submits this statement for the	e purpose of o	hanging	its registered
office or fo	egistered agent, or both, in the State	of Florida. Such change was au	thonzed by	the corporation	ion's board of directors, I hereby act	ept the appoin	uneni as	registered
ayeni. i a	m familiar with, and accept the obligat	tions of Section 607.0505. Flori	da Statutes	5				
	m familiar with, and accept the obligation	tions of, Section 607.0505, Flori	da Statutes	5.				
SIGNATURE	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	da Statutes	5.	ed when reinstating)	DATE		•
	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	Registered Age	5.		DATE	O DIREC	TORS IN 12
12.	m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE:	Registered Age	5.	ed when reinstating)	DATE	D DIREC	
12.	m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN PD	tions of, Section 607.0505, Flori	Registered Age 13. 1.1 TITLE	5.	ed when reinstating)	DATE		
12.	m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN PD RAMOS, ROBERT	nt and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME	5. Int signature require	ed when reinstating)	DATE		
12.	Signature, typed or printed name of registered agen OFFICERS AN PD RAMOS, ROBERT 2940 ALTON ROAD	nt and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME	5.	ed when reinstating)	DATE		
12. TITLE NAME	m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN PD RAMOS, ROBERT	nt and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME	s. ont signature require	ed when reinstating)	DATE	Chang	e
12. TITLE NAME STREET ADDRESS	signature, typed or printed name of registered agen OFFICERS AN PD RAMOS, ROBERT 2940 ALTON ROAD	nt and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	s. ont signature require	ed when reinstating)	DATE		e
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD RAMOS, ROBERT 2940 ALTON ROAD MIAMI BEACH FL VD	tions of, Section 607.0505, Flori	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	s. int signature require tr ADDRESS ST-ZIP	ed when reinstating)	DATE	Chang	e
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD RAMOS, ROBERT 2940 ALTON ROAD MIAMI BEACH FL VD EDUARTEZ, JOSE A.	tions of, Section 607.0505, Flori	Registered Agei 13 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	s. int signature require IT ADDRESS ST-ZIP	ed when reinstating)	DATE	Chang	e
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD RAMOS, ROBERT 2940 ALTON ROAD MIAMI BEACH FL VD EDUARTEZ, JOSE A. 285 FAIRWAY DRIVE	tions of, Section 607.0505, Flori	Registered Agei 13 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	s. Int signature require IT ADDRESS ST-ZIP IT ADDRESS	ed when reinstating)	DATE	Chang	e
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD RAMOS, ROBERT 2940 ALTON ROAD MIAMI BEACH FL VD EDUARTEZ, JOSE A. 285 FAIRWAY DRIVE MIAMI BCH FL	tions of, Section 607.0505, Flori	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S	s. Int signature require IT ADDRESS ST-ZIP ET ADORESS ST-ZIP	ed when reinstating)	DATE DEFICERS ANI	☐ Chang	e
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD RAMOS, ROBERT 2940 ALTON ROAD MIAMI BEACH FL VD EDUARTEZ, JOSE A. 285 FAIRWAY DRIVE	tions of, Section 607.0505, Flori	Registered Agei 13 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	s. Int signature require IT ADDRESS ST-ZIP ET ADORESS ST-ZIP	ed when reinstating)	DATE DEFICERS ANI	Chang	e
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD RAMOS, ROBERT 2940 ALTON ROAD MIAMI BEACH FL VD EDUARTEZ, JOSE A. 285 FAIRWAY DRIVE MIAMI BCH FL	tions of, Section 607.0505, Flori	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S	ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP ST-ZIP	ed when reinstating)	DATE DEFICERS ANI	☐ Chang	e
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD RAMOS, ROBERT 2940 ALTON ROAD MIAMI BEACH FL VD EDUARTEZ, JOSE A. 285 FAIRWAY DRIVE MIAMI BCH FL SD RAVELO, OSCAR	tions of, Section 607.0505, Flori	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 NAME	ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP ST-ZIP	ed when reinstating)	DATE DEFICERS ANI	☐ Chang	e
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD RAMOS, ROBERT 2940 ALTON ROAD MIAMI BEACH FL VD EDUARTEZ, JOSE A. 285 FAIRWAY DRIVE MIAMI BCH FL SD RAVELO, OSCAR 5425 WEST 27TH LANE	tions of, Section 607.0505, Flori	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.3 STREE 3.3 STREE 3.3 STREE 3.3 STREE 3.5 NAME 3.3 STREE 3.5 STREE	ST ADDRESS ST-ZIP ST-ZIP ST-ZIP ST-ZIP	ed when reinstating)	DATE DEFICERS ANI	☐ Chang	e
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD RAMOS, ROBERT 2940 ALTON ROAD MIAMI BEACH FL VD EDUARTEZ, JOSE A. 285 FAIRWAY DRIVE MIAMI BCH FL SD RAVELO, OSCAR	tions of, Section 607.0505, Flori at and title if applicable. D DIRECTORS DELETE DELETE DELETE	13.	ST ADDRESS ST-ZIP ST-ZIP ST-ZIP ST-ZIP	ed when reinstating)	DATE DEFICERS ANI	☐ Chang	e Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD RAMOS, ROBERT 2940 ALTON ROAD MIAMI BEACH FL VD EDUARTEZ, JOSE A. 285 FAIRWAY DRIVE MIAMI BCH FL SD RAVELO, OSCAR 5425 WEST 27TH LANE	tions of, Section 607.0505, Flori	13-	ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP ST-ZIP ST-ZIP ST-ZIP ST-ZIP	ed when reinstating)	DATE DEFICERS ANI	☐ Chang	e Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD RAMOS, ROBERT 2940 ALTON ROAD MIAMI BEACH FL VD EDUARTEZ, JOSE A. 285 FAIRWAY DRIVE MIAMI BCH FL SD RAVELO, OSCAR 5425 WEST 27TH LANE	tions of, Section 607.0505, Flori at and title if applicable. D DIRECTORS DELETE DELETE DELETE	13.	ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP ST-ZIP ST-ZIP ST-ZIP ST-ZIP	ed when reinstating)	DATE DEFICERS ANI	☐ Chang	e Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD RAMOS, ROBERT 2940 ALTON ROAD MIAMI BEACH FL VD EDUARTEZ, JOSE A. 285 FAIRWAY DRIVE MIAMI BCH FL SD RAVELO, OSCAR 5425 WEST 27TH LANE	tions of, Section 607.0505, Flori at and title if applicable. D DIRECTORS DELETE DELETE DELETE	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	int signature require IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP	ed when reinstating)	DATE DEFICERS ANI	☐ Chang	e Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD RAMOS, ROBERT 2940 ALTON ROAD MIAMI BEACH FL VD EDUARTEZ, JOSE A. 285 FAIRWAY DRIVE MIAMI BCH FL SD RAVELO, OSCAR 5425 WEST 27TH LANE	tions of, Section 607.0505, Flori at and title if applicable. D DIRECTORS DELETE DELETE DELETE	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	ST ADDRESS ST-ZIP	ed when reinstating)	DATE DEFICERS ANI	☐ Chang	e Addition de Addition de Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD RAMOS, ROBERT 2940 ALTON ROAD MIAMI BEACH FL VD EDUARTEZ, JOSE A. 285 FAIRWAY DRIVE MIAMI BCH FL SD RAVELO, OSCAR 5425 WEST 27TH LANE	tions of, Section 607.0505, Flori at and title if applicable. D DIRECTORS DELETE DELETE DELETE	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE	ST ADDRESS ST-ZIP	ed when reinstating)	DATE DEFICERS ANI	☐ Chang	e Addition de Addition de Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD RAMOS, ROBERT 2940 ALTON ROAD MIAMI BEACH FL VD EDUARTEZ, JOSE A. 285 FAIRWAY DRIVE MIAMI BCH FL SD RAVELO, OSCAR 5425 WEST 27TH LANE	tions of, Section 607.0505, Flori at and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE DELETE DELETE	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S	ET ADDRESS ST-ZIP	ed when reinstating)	DATE DEFICERS ANI	☐ Chang	e Addition de Addition de Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD RAMOS, ROBERT 2940 ALTON ROAD MIAMI BEACH FL VD EDUARTEZ, JOSE A. 285 FAIRWAY DRIVE MIAMI BCH FL SD RAVELO, OSCAR 5425 WEST 27TH LANE	tions of, Section 607.0505, Flori at and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE DELETE DELETE	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	ST ADDRESS ST-ZIP	ed when reinstating)	DATE DEFICERS ANI	☐ Chang	e Addition de Addition de Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD RAMOS, ROBERT 2940 ALTON ROAD MIAMI BEACH FL VD EDUARTEZ, JOSE A. 285 FAIRWAY DRIVE MIAMI BCH FL SD RAVELO, OSCAR 5425 WEST 27TH LANE	tions of, Section 607.0505, Flori at and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE DELETE DELETE	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE	S. ST. ADDRESS ST. ZIP ET ADDRESS ST. ZIP	ed when reinstating)	DATE DEFICERS ANI	☐ Chang	e Addition de Addition de Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD RAMOS, ROBERT 2940 ALTON ROAD MIAMI BEACH FL VD EDUARTEZ, JOSE A. 285 FAIRWAY DRIVE MIAMI BCH FL SD RAVELO, OSCAR 5425 WEST 27TH LANE	tions of, Section 607.0505, Flori at and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 5.4 CITY-S 5.5 STREE 5.4 CITY-S	S. ST. ADDRESS ST. ZIP ET ADDRESS ST. ZIP	ed when reinstating)	DATE DEFICERS ANI	Chang	e Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD RAMOS, ROBERT 2940 ALTON ROAD MIAMI BEACH FL VD EDUARTEZ, JOSE A. 285 FAIRWAY DRIVE MIAMI BCH FL SD RAVELO, OSCAR 5425 WEST 27TH LANE	tions of, Section 607.0505, Flori at and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE DELETE DELETE	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE	S. ST. ZIP ET ADDRESS ST-ZIP	ed when reinstating)	DATE DEFICERS ANI	☐ Chang	e Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD RAMOS, ROBERT 2940 ALTON ROAD MIAMI BEACH FL VD EDUARTEZ, JOSE A. 285 FAIRWAY DRIVE MIAMI BCH FL SD RAVELO, OSCAR 5425 WEST 27TH LANE	tions of, Section 607.0505, Flori at and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 5.4 CITY-S 5.5 STREE 5.4 CITY-S	S. ST. ZIP ET ADDRESS ST-ZIP	ed when reinstating)	DATE DEFICERS ANI	Chang	e Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD RAMOS, ROBERT 2940 ALTON ROAD MIAMI BEACH FL VD EDUARTEZ, JOSE A. 285 FAIRWAY DRIVE MIAMI BCH FL SD RAVELO, OSCAR 5425 WEST 27TH LANE HIALEAH FL	tions of, Section 607.0505, Flori at and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	S. ST. ZIP ET ADDRESS ST-ZIP	ed when reinstating)	DATE DEFICERS ANI	Chang	e Addition Addition Addition Addition

14. 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 supplements 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 preciver 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 or any accument with an address, with all other like empowered.

SIGNATURE:

JOSE A Eduartez IRED

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)887-5600