## 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 # **P97000052901**1. Corporation Name

VILLOCH ASSOCIATES MD, PA.

|                                            | <br>. ' | • |                                |
|--------------------------------------------|---------|---|--------------------------------|
| Principal Place of Business                |         |   | Mailing Address                |
| 5501 ORDUNA DRIVE<br>CORAL GABLES FL 33146 |         |   | 5501 ORDUNA DE<br>CORAL GABLES |

## **FILED** Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90011 007 \*\*\*150.00



| Principal Place                                                                                                                                                                                                                                                                                                                    | e of Business .                                                                                                                                                                    | Mailing Address                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                        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| II Fulsualit                                                                                                                                                                                                                                                                                                                       | registered agent, or both, in the State                                                                                                                                            | e of Florida. Such change was a                                                     | uthorized                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | by the corporat                                                                                                                                                                                       | rporation submits this statement for the tion's board of directors. I hereby accounts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | cept the appointme                       | ent as re              | egistered                                              |
| office or r<br>agent. I a                                                                                                                                                                                                                                                                                                          | im familiar with, and accept the oblig                                                                                                                                             | gations of, Section 607.0505, Fiol                                                  | rida Statu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | tes.                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |                        |                                                        |
| office or r<br>agent. I a<br>SIGNATURE                                                                                                                                                                                                                                                                                             | im familiar with, and accept the oblig                                                                                                                                             |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                       | ired when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DATE                                     |                        |                                                        |
| SIGNATURE                                                                                                                                                                                                                                                                                                                          | Signature, typed or printed name of registered ag                                                                                                                                  |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                        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| SIGNATURE                                                                                                                                                                                                                                                                                                                          | Signature, typed or printed name of registered ac                                                                                                                                  | gent and title if applicable. (NOTE:                                                | Registered /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Agent signature requir                                                                                                                                                                                | ired when reinstating) ! ADDITIONS/CHANGES TO C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE<br>OFFICERS AND D                   |                        |                                                        |
| SIGNATURE  12.  TITLE                                                                                                                                                                                                                                                                                                              | Signature, typed or printed name of registered as OFFICERS A                                                                                                                       | gent and title if applicable. (NOTE:                                                | 13.<br>1.1 ΠΠ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Agent signature requi                                                                                                                                                                                 | ired when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DATE<br>OFFICERS AND D                   | IRECTO                 | DRS IN 12                                              |
| SIGNATURE  12.  TITLE  NAME                                                                                                                                                                                                                                                                                                        | Signature, typed or printed name of registered as OFFICERS A PD VILLOCH, CLAUDIQ                                                                                                   | gent and title if applicable. (NOTE:                                                | 13.<br>1.1 TITI<br>1.2 NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Agent signature requii<br>LE<br>ME                                                                                                                                                                    | ired when reinstating) ! ADDITIONS/CHANGES TO C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE<br>OFFICERS AND D                   | IRECTO                 | DRS IN 12                                              |
| SIGNATURE  12.  TITLE                                                                                                                                                                                                                                                                                                              | Signature, typed or printed name of registered as OFFICERS A PD VILLOCH, CLAUDIO 5501 ORDUNA DRIVE                                                                                 | gent and title if applicable. (NOTE:                                                | 13. 1.1 TITI 1.2 NAI 1.3 STF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Agent signature requir<br>LE<br>ME<br>REET ADDRESS                                                                                                                                                    | ired when reinstating) ! ADDITIONS/CHANGES TO C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE<br>OFFICERS AND D                   | IRECTO                 | DRS IN 12                                              |
| SIGNATURE  12.  TITLE  NAME                                                                                                                                                                                                                                                                                                        | Signature, typed or printed name of registered as OFFICERS A PD VILLOCH, CLAUDIQ                                                                                                   | gent and title if applicable. (NOTE:  ND DIRECTORS  DELETE                          | 13. 1.1 TITI 1.2 NAI 1.3 STF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Agent signature requii LE ME REET ADDRESS Y-ST-ZIP                                                                                                                                                    | ired when reinstating) ! ADDITIONS/CHANGES TO C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE  DEFICERS AND D                     | DIRECTO                | DRS IN 12                                              |
| SIGNATURE  12. TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                                                           | Signature, typed or printed name of registered as OFFICERS A PD VILLOCH, CLAUDIO 5501 ORDUNA DRIVE                                                                                 | gent and title if applicable. (NOTE:                                                | 13. 1.1 TITI 1.2 NAI 1.3 STF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Agent signature requii LE ME REET ADDRESS Y-ST-ZIP                                                                                                                                                    | ired when reinstating) ! 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| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                               | Signature, typed or printed name of registered as OFFICERS A PD VILLOCH, CLAUDIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146 VD                                                        | gent and title if applicable. (NOTE:  ND DIRECTORS  DELETE                          | 13. 1.1 TITI 1.2 NAI 1.3 STF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Agent signature requi                                                                                                                                                                                 | ired when reinstating) ! 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| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME                                                                                                                                                                                                                                                              | Signature, typed or printed name of registered as OFFICERS A PD VILLOCH, CLAUDIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146 VD VILLOCH, MARIO                                         | gent and title if applicable. (NOTE:  ND DIRECTORS  DELETE                          | 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Agent signature requii  E ME REET ADDRESS Y-ST-ZIP LE ME                                                                                                                                              | ired when reinstating) ! ADDITIONS/CHANGES TO C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE  DEFICERS AND D                     | DIRECTO                | DRS IN 12                                              |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS                                                                                                                                                                                                                                              | Signature, typed or printed name of registered as OFFICERS A PD VILLOCH, CLAUDIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146 VD VILLOCH, MARIO 5501 ORDUNA DRIVE                       | gent and title if applicable. (NOTE:  AND DIRECTORS  DELETE  DELETE                 | 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Agent signature requii                                                                                                                                                                                | ired when reinstating) ! 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| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                                                                                                                                                                                                                                 | Signature, typed or printed name of registered as OFFICERS A PD VILLOCH, CLAUDIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146 VD VILLOCH, MARIO 5501 ORDUNA DRIVE                       | gent and title if applicable. (NOTE:  ND DIRECTORS  DELETE  DELETE                  | 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Agent signature requii                                                                                                                                                                                | ired when reinstating) ! 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| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE                                                                                                                                                                                                                          | Signature, typed or printed name of registered as OFFICERS A PD VILLOCH, CLAUDIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146 VD VILLOCH, MARIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146 | gent and title if applicable. (NOTE:  AND DIRECTORS  DELETE  DELETE                 | 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CI 3.1 TITI 3.1 TITI 3.1 TITI 4.1 TITI 4.1 TITI 4.1 TITI 4.1 TITI 5.1 TITI 6.1 TI | Agent signature requii                                                                                                                                                                                | ired when reinstating) ! ADDITIONS/CHANGES TO C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE  DEFICERS AND D                     | DIRECTO                | DRS IN 12                                              |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE                                                                                                                                                                                                                          | OFFICERS A PD VILLOCH, CLAUDIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146 VD VILLOCH, MARIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146                                                   | gent and title if applicable. (NOTE:  ND DIRECTORS  DELETE  DELETE                  | 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Agent signature requii                                                                                                                                                                                | ired when reinstating) ! 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| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                                                                                                                                                                                                                                 | OFFICERS A  PD VILLOCH, CLAUDIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146  VD VILLOCH, MARIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146                                                 | gent and title if applicable. (NOTE:  ND DIRECTORS  DELETE  DELETE                  | 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Agent signature requii                                                                                                                                                                                | ired when reinstating)  ADDITIONS/CHANGES TO C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DATE  FFICERS AND D                      | DIRECTO Change Change  | DRS IN 12 Addition Addition                            |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS                                                                                                                                                                                   | OFFICERS A PD VILLOCH, CLAUDIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146 VD VILLOCH, MARIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146                                                   | gent and title if applicable. 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| 12.  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                                                                                                                                                       | OFFICERS A  PD VILLOCH, CLAUDIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146  VD VILLOCH, MARIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146                                                 | gent and title if applicable. (NOTE:  ND DIRECTORS  DELETE  DELETE                  | 13. 1.1 TITI 1.2 NAV 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAV 3.3 STF 3.4 CIT 3.4 CIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Agent signature requirements  ERECT ADDRESS Y-ST-ZIP  ERECT ADDRESS Y-ST-ZIP  LE ME REET ADDRESS Y-ST-ZIP                                                                                             | ADDITIONS/CHANGES TO C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DATE  DEFICERS AND D                     | DIRECTO Change         | DRS IN 12 Addition Addition                            |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE                                                                                                                                      | OFFICERS A PD VILLOCH, CLAUDIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146 VD VILLOCH, MARIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146                                                   | gent and title if applicable. (NOTE: AND DIRECTORS  DELETE  DELETE                  | 13. 1.1 TITI 1.2 NAV 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAV 3.3 STT 3.4 CIT 4.1 TITI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Agent signature requirements  EE ME REET ADDRESS Y-ST-ZIP LE                                                      | ADDITIONS/CHANGES TO C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DATE  DEFICERS AND D                     | DIRECTO Change         | DRS IN 12 Addition Addition                            |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME                                                                                                                                                        | OFFICERS A PD VILLOCH, CLAUDIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146 VD VILLOCH, MARIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146                                                   | gent and title if applicable. 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ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS ME REET ADDRESS ME REET ADDRESS ME REET ADDRESS                   | ADDITIONS/CHANGES TO C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DATE  DEFICERS AND D                     | DIRECTO Change         | DRS IN 12 Addition Addition                            |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE                                                                                                                                      | OFFICERS A PD VILLOCH, CLAUDIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146 VD VILLOCH, MARIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146                                                   | gent and title if applicable. (NOTE:  NDD DIRECTORS  DELETE  DELETE  DELETE         | 13. 1.1 TITI 1.2 NAV 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAV 3.3 STF 3.4 CIT 4.1 TITI 4. 2 NAV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Agent signature requirements  EE ME REET ADDRESS Y-ST-ZIP LE                                                      | ADDITIONS/CHANGES TO C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DATE  DEFICERS AND D                     | DIRECTO Change         | DRS IN 12 Addition Addition                            |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME                                                                                                                                                        | OFFICERS A PD VILLOCH, CLAUDIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146 VD VILLOCH, MARIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146                                                   | gent and title if applicable. 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ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS ME REET ADDRESS ME REET ADDRESS ME REET ADDRESS                   | ADDITIONS/CHANGES TO C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DATE  OFFICERS AND D                     | Change Change          | DRS IN 12 Addition Addition Addition                   |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS                                                                      | OFFICERS A PD VILLOCH, CLAUDIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146 VD VILLOCH, MARIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146                                                   | gent and title if applicable. (NOTE:  NDD DIRECTORS  DELETE  DELETE  DELETE         | 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NAI 4.3 STF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Agent signature requirements  LE ME REET ADDRESS Y-ST-ZIP                             | ADDITIONS/CHANGES TO C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DATE  OFFICERS AND D                     | DIRECTO Change         | DRS IN 12 Addition Addition                            |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE                                     | OFFICERS A PD VILLOCH, CLAUDIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146 VD VILLOCH, MARIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146                                                   | gent and title if applicable. (NOTE:  NDD DIRECTORS  DELETE  DELETE  DELETE         | 13. 1.1 TITI 1.2 NAV 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAV 3.3 STF 4.4 CIT 4.2 NAV 4.3 STF 4.4 CIT | Agent signature requirements  LE ME REET ADDRESS Y-ST-ZIP LE                          | ADDITIONS/CHANGES TO C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DATE  OFFICERS AND D                     | Change Change          | DRS IN 12 Addition Addition Addition                   |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME                                                                                      | OFFICERS A PD VILLOCH, CLAUDIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146 VD VILLOCH, MARIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146                                                   | gent and title if applicable. (NOTE:  NDD DIRECTORS  DELETE  DELETE  DELETE         | 13. 1.1 TITI 1.2 NAV 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAV 3.3 STF 4.4 CIT 4.2 NAV 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Agent signature requirements  LE ME REET ADDRESS Y-ST-ZIP LE ME                                                   | ADDITIONS/CHANGES TO C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DATE  OFFICERS AND D                     | Change Change          | DRS IN 12 Addition Addition Addition                   |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS                                                                      | OFFICERS A PD VILLOCH, CLAUDIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146 VD VILLOCH, MARIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146                                                   | gent and title if applicable. (NOTE:  NDD DIRECTORS  DELETE  DELETE  DELETE         | 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 4.4 CIT 4.2 NAI 4.5 STF 4.5 STF 5.2 NAI 5.3 STF 5.2 NAI 5.3 STF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Agent signature requirements  E. M.                                                                                                                               | ired when reinstating)  ADDITIONS/CHANGES TO C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DATE  OFFICERS AND D                     | Change Change          | DRS IN 12 Addition Addition Addition                   |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                                                         | Signature, typed or printed name of registared as OFFICERS A PD VILLOCH, CLAUDIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146 VD VILLOCH, MARIO 5501 ORDUNA DRIVE CORAL GABLES FL 33146 | gent and title if applicable. (NOTE:  NDD DIRECTORS  DELETE  DELETE  DELETE  DELETE | 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 4.4 CIT 4.2 NAI 4.5 STF 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Agent signature requirements  LE ME REET ADDRESS Y-ST-ZIP | ADDITIONS/CHANGES TO C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DATE  FFICERS AND D                      | Change  Change  Change | DRS IN 12 Addition Addition Addition Addition Addition |
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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 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.