11.	OFFICERS AND I		12.	2. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DIRECTOR/PRESIDENT	Delete	TITLE	TREASURER	☐ Change	🔀 Addition
NAME	AMAURY BELLO	•	NAME	,		
STREET ADDRESS	5380 SW 92ND AVENUE		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL, 33165		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	VICE-PRESIDENT/SECRETARY	☐ Change	X Addition
NAME			NAME	JUAN I. NODARSE		
STREET ADDRESS			STREET ADDRESS	6005 EAST 4TH AVENUE		
CITY-ST-ZIP	ļ.		CITY-ST-ZIP	HIALEAH FL, 33013		
TITLE 72	· 	☐ Delete	TITLE		☐ Change	Addition
NAME -	45		NAME			
STREET ADDRESS	ļ*		STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP ·			
TITLE		Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE	-	☐ Delete	TITLE		☐ Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	· ·	•	CITY-ST-ZIP			
TITLE		□ Delete	TITLE		Change	Addition
NAME			NAME	1 79	<u> </u>	
STREET ADDRESS			STREET ADDRESS	t 1 8 C	7	
CITY-ST-ZIP			CITY-ST-ZIP	,		

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on, an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/000 305 345 345 7

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