


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90056 025 \*\*\*150.00

|  |                                       |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
|--|---------------------------------------|--|--|---|--|-------|----|---------------------------------|------|-----------------|--|----------------|-------------------------|--|-------------|-----------|--|-------|----|---------------------------------|------|-----------------------|--|----------------|-------------------------|--|-------------|-----------|--|-------|---|---------------------------------|------|-----------------|--|----------------|-------------------------|--|-------------|-----------|--|-------|--|---------------------------------|------|--|--|----------------|--|--|-------------|--|--|-------|--|---------------------------------|------|--|--|----------------|--|--|-------------|--|--|-------|--|---------------------------------|------|--|--|----------------|--|--|-------------|--|--|-------|------|--|----------------|---------------------------------------|--|-------------|--------------------------------|--|-------|------|--|----------------|---------------------------------------|--|-------------|--------------------------------|--|-------|------|--|----------------|---------------------------------------|--|-------------|--------------------------------|--|-------|------|---|----------------|--|--|-------------|--|--|-------|------|---|----------------|--|--|-------------|--|--|-------|------|---|----------------|--|--|-------------|--|--|
| <b>DOCUMENT # M60168</b><br>1. Entity Name<br><b>LAFISE CORP.</b>  |                                       |  |  |  |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| Principal Place of Business<br><b>701 BRICKELL AVE</b><br><b>S-1460</b><br><b>MIAMI, FL 33131 US</b>   |                                       |  | Mailing Address<br><b>701 BRICKELL AVE</b><br><b>S-1460</b><br><b>MIAMI, FL 33131 US</b>   |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| 2. Principal Place of Business<br><b>200 SOUTH BISCAYNE BLVD.</b><br>Suite, Apt. #, etc.<br><b>3750</b>  |                                       |  | 3. Mailing Address<br><b>200 SOUTH BISCAYNE BLVD.</b><br>Suite, Apt. #, etc.<br><b>3750</b>  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| City & State<br><b>MIAMI, FLORIDA</b><br>Zip<br><b>33131</b>   |                                       |  | City & State<br><b>MIAMI, FLORIDA</b><br>Zip<br><b>33131</b>   |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| Country<br><b>US</b>   |                                       |  | Country<br><b>US</b>   |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| 4. FEI Number<br><b>65-0086249</b>   |                                       |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                       |  | \$8.75 Additional Fee Required   |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ZAMORA, ROBERTO</b><br><b>701 BRICKELL AVENUE S1460</b><br><b>S-1150</b><br><b>MIAMI, FL 33131</b>   |                                       |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><del>SECRET</del><br><b>200 SOUTH BISCAYNE BLVD. #3750</b><br>City <b>MIAMI</b> <b>FL</b> Zip Code <b>33131</b> |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |                                       |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                                       |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>  |                                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ZAMORA, ROBERTO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>701 BRICKELL AVE, #1150</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DE ZAMORA, MARIA J.T.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>701 BRICKELL AVE. #1150</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ZAMORA, ENRIQUE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>701 BRICKELL AVE. #1150</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>200 SOUTH BISCAYNE BLVD. #3750</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>MIAMI, FLORIDA 33131 US</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>200 SOUTH BISCAYNE BLVD. #3750</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>MIAMI, FLORIDA 33131 US</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>200 SOUTH BISCAYNE BLVD. #3750</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>MIAMI, FLORIDA 33131 US</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div> |                                       |  |  |   |  | TITLE | PD | <input type="checkbox"/> Delete | NAME | ZAMORA, ROBERTO |  | STREET ADDRESS | 701 BRICKELL AVE, #1150 |  | CITY-ST-ZIP | MIAMI, FL |  | TITLE | SD | <input type="checkbox"/> Delete | NAME | DE ZAMORA, MARIA J.T. |  | STREET ADDRESS | 701 BRICKELL AVE. #1150 |  | CITY-ST-ZIP | MIAMI, FL |  | TITLE | D | <input type="checkbox"/> Delete | NAME | ZAMORA, ENRIQUE |  | STREET ADDRESS | 701 BRICKELL AVE. #1150 |  | CITY-ST-ZIP | MIAMI, FL |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE | NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | <b>200 SOUTH BISCAYNE BLVD. #3750</b> |  | CITY-ST-ZIP | <b>MIAMI, FLORIDA 33131 US</b> |  | TITLE | NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | <b>200 SOUTH BISCAYNE BLVD. #3750</b> |  | CITY-ST-ZIP | <b>MIAMI, FLORIDA 33131 US</b> |  | TITLE | NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | <b>200 SOUTH BISCAYNE BLVD. #3750</b> |  | CITY-ST-ZIP | <b>MIAMI, FLORIDA 33131 US</b> |  | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE  | PD                                    | <input type="checkbox"/> Delete  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| NAME   | ZAMORA, ROBERTO                       |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| STREET ADDRESS   | 701 BRICKELL AVE, #1150               |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| CITY-ST-ZIP  | MIAMI, FL                             |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| TITLE  | SD                                    | <input type="checkbox"/> Delete  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| NAME   | DE ZAMORA, MARIA J.T.                 |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| STREET ADDRESS   | 701 BRICKELL AVE. #1150               |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| CITY-ST-ZIP  | MIAMI, FL                             |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| TITLE  | D                                     | <input type="checkbox"/> Delete  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| NAME   | ZAMORA, ENRIQUE                       |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| STREET ADDRESS   | 701 BRICKELL AVE. #1150               |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| CITY-ST-ZIP  | MIAMI, FL                             |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| TITLE  |                                       | <input type="checkbox"/> Delete  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| NAME   |                                       |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| STREET ADDRESS   |                                       |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| CITY-ST-ZIP  |                                       |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| TITLE  |                                       | <input type="checkbox"/> Delete  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| NAME   |                                       |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| STREET ADDRESS   |                                       |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| CITY-ST-ZIP  |                                       |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| TITLE  |                                       | <input type="checkbox"/> Delete  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| NAME   |                                       |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| STREET ADDRESS   |                                       |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| CITY-ST-ZIP  |                                       |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| TITLE  | NAME                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| STREET ADDRESS   | <b>200 SOUTH BISCAYNE BLVD. #3750</b> |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| CITY-ST-ZIP  | <b>MIAMI, FLORIDA 33131 US</b>        |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| TITLE  | NAME                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| STREET ADDRESS   | <b>200 SOUTH BISCAYNE BLVD. #3750</b> |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| CITY-ST-ZIP  | <b>MIAMI, FLORIDA 33131 US</b>        |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| TITLE  | NAME                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| STREET ADDRESS   | <b>200 SOUTH BISCAYNE BLVD. #3750</b> |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| CITY-ST-ZIP  | <b>MIAMI, FLORIDA 33131 US</b>        |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| TITLE  | NAME                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| STREET ADDRESS   |                                       |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| CITY-ST-ZIP  |                                       |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| TITLE  | NAME                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| STREET ADDRESS   |                                       |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| CITY-ST-ZIP  |                                       |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| TITLE  | NAME                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| STREET ADDRESS   |                                       |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| CITY-ST-ZIP  |                                       |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  |                                       |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |
| <b>SIGNATURE:</b> <u><i>K. And</i></u> <span style="float: right;">3/31/05 305-374-6001</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |                                       |  |  |   |  |       |    |                                 |      |                 |  |                |                         |  |             |           |  |       |    |                                 |      |                       |  |                |                         |  |             |           |  |       |   |                                 |      |                 |  |                |                         |  |             |           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |  |                |                                       |  |             |                                |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |

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