Stote, April F, CC Stote,	COF	PROFIT RPORATION JAL REPORT 1997		Sandra B Secreta	RTMENT OF STATE I. Mortham ry of State CORPORATIONS	Feb 19 1 Secreta	997 8:(ary of S	
IPELAND EQUIPMENT COMPANY Process Prior to Process No. Process Prior to Prior to Prior to Process Prior to Prior	DOCU	MENT # 17	4640	(3)				
			MPANY) INDIEL INDIE TADIE BJBER OKIB OKID OKI	niði) útökt nin it attak átátt i	1) 0) t 1 0 6 1
Adds M VPD AVE MANIE R 33727 Adds M VPD AVE MANIE R 33727 South Cast Report DV22/1926	Principal Plac	e of Business	Maihi	ng Address	,,,,,,			
2. Product Plance of Indices 2z. Maining Address 4. FPL Mumber Subs, Apl. et al. Applied Err. Subs, Apl. et al.	2405 N W 2ND	AVE	2405	N W 2ND AVE		3. Date Incorporated or Qualified	3a. Date of Last R	eport
Set Set Set Set Note Applicable 20 Solito, Apl. #, old: E. Carrificate of Status Daried Status Daried Final Applicable 20 City & State E. Bection Campaign Financing Status Daried Status Daried Final Applicable 20 Zity Zity Zity Country E. Bection Campaign Financing Status Daried Status Daried 21 Zity Zity Zity Country E. This corporation has fability for instruction and address of Kern Registered Applicable 21 Zity Zity Country E. This corporation has fability for instruction and address of Kern Registered Applicable 22 Zity Zity Zity Country E. This corporation has fability for instruction and Address of Kern Registered Applicable 23 Zity Zity Zity Country E. This corporation has fability for instruction 24 Zity Zity Zity Country E. This corporation has fability for instruction 24 Zity Zity Zity Zity Country E. Zity 25 Zity Zity Zity Zity Country E. Zity 26 Zity Zity Zity Zity Zity Zity	2 Principal F	Place of Business	2a. M	tailing Address				plied For
22 27 E. Certification of Statutes Desired Then Program City & Statin 2. Cay & Statin E. Decition Campaign Phancing S5.000 May to Market Decition Zin 20 20 Country 20 Country E. This corporation has liability for tigraphic has under a 198.002. Zin 21 20 Country 20 Country E. This corporation has liability for tigraphic has under a 198.002. Zin 22 20 Country E. This corporation has liability for tigraphic has under a 198.002. Autom and Address of Country 20 Country E. This corporation has liability for tigraphic has under a 198.002. Bit Name and Address of New Registered Agent Internet and Address of New Registered Agent Internet and Address of New Registered Agent RELAND AR LECONARD JR Internet and address of Country Internet and Address of New Registered Agent Internet and Address of New Registered Agent 11. Present to this prevision: odd Statutes Statutes Statutes Internet and Country is registered Agent 12. Control and address of Country Internet and Country of The Previous Agent and Country is registered Agent Internet and Country is registered Agent 13. Control and Making EL Country Internet and Country of The Previous Agent and Country is registered Agent Internet and Country is registered Agent 14. Co	21	· · · · · · · · · · · · · · · · · · ·	26				Nic	t Applicable
City & State 25.00 May De Zity Zity Zity Zity Exception Campaign Phancing Addeed or Face Zity Zity Zity Zity Zity Discontrol Addeed or Face Zity Zity Zity Zity Zity Discontrol Addeed or Face Zity Zity Zity Zity Zity Discontrol Addeed or Face Zity Zity Zity Zity Zity Zity Discontrol Addeed or Face Zity Zity Zity Zity Zity Zity Zity Discontrol Addeed or Face Zity Zity Zity Zity Zity Zity Zity Discontrol Addeed or Face Zity Zity Zity Zity Zity Zity Zity Discontrol		#, etc.	<u>⊢_</u> 1	uile, Apt. #, etc.		5. Certificate of Status Desired		
Zer Country Zer Country A This corporation has lability for promptile tax unders a 198 082, Chride Studies Rel AND CREEDWARD JR 2805 MV 2 AVE MAMI FL 33127 Zer Country A This corporation has lability for promptile tax unders a 198 082, Chride Studies Zer Descent to the and Address of New Registered Agent IFELAND CREEDWARD JR 2805 MV 2 AVE MAMI FL 33127 If Name Street Address of P.O. Box Number is Not Acceptiable) IFELAND CREEDWARD JR 2805 MV 2 AVE MAMI FL 33127 If Name Street Address of P.O. Box Number is Not Acceptiable) IFELAND CREEDWARD Street A to Min and Caster of Fortite Scott Street Address of P.O. Box Number is Not Acceptiable) If Name IFELAND CREEDWARD Street A to Min and Caster of Fortite Scott Street Address of P.O. Box Number is Not Acceptiable) If If IFELAND CREEDWARD Street Address of P.O. Box Number is Not Acceptiable If If If If IFELAND CREL Address of P.O. Box Number is Not Acceptiable If If If If If IFELAND CREEDWARD P If	City & Stat	le	C	ity & State	<u></u>	, , , , , ,	\$5.00	May Be
23 is:		Countr		ip	Country			
RELAND JR LEONARD JR 2005 MW 2 AVE MAMI FL 33127 91 Name 92 Calve State of the percent of the second of	24			rad Acapt	30			
2405 NW 2 AVE MIAMI FL 33127 Protection to the previous of Sections 607 0502 and 607 1506 Florida Statutas, the abrev-named corporation submits this statement for the purpose of charging its registered def Cdy FL Stream of the previous of Sections 607 0502 and 607 1506 Florida Statutas, the abrev-named corporation submits this statement for the purpose of charging its registered agent: Lank durinker with, and accept the charging statutes and the corporation submits this statement for the purpose of charging its registered agent: Lank durinker with, and accept the charging statutes. Protection submits this statement for the purpose of charging its registered agent: Lank durinker with, and accept the charging statutes. Protection submits the abrevent during the corporation is band of directors. Inter the previous directory statement and the charging statement of the purpose of charging its registered agent: Lank charging previous directory statement and the charging statement of the purpose of charging its registered agent: Lank charging previous directory statement and the charging statement of the purpose of charging its registered agent: Lank charging previous directory statement and the charging statement of the purpose of charging its registered agent: Lank charging previous directory statement and the charging statement of the purpose of charging its registered agent: Lank charging previous directory statement and the charging statement of the purpose of charging its registered agent: Lank charging previous directory statement and the charging statement of the purpose of charging its registered agent: Lank charging previous directory statement and the charging statement of the purpose of charging its registered agent: Lank charging previous directory statement and the charging directory statement of the purpose of charging agent: Lank charging directory statement and the chargent and the chargent and the charging directory	IBEI			Ind Adam	81 Name			
Image: space	240	5 NW 2 AVE			82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)	
Image: Processors of Sections 607 0502 and 607 1508. Florida Statutes, the above nemed corporation submits this statement for the purpose of changing its registered agent. and accept the datacept	MIA	MI FL 33127			83	······································		
Image: Sections 607 05:02 and 607 1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent; and accept the data section 607 0605. Florids Statutes, the appointment as registered agent in the State of Florids. Such change was submits above named corporation soard of directors. I hereby accept the appointment as registered agent in the State of Florids. Such change was submits a statutes. SIGNATURE Statute the accept the data section of 07 005. Florids Statutes. DATE 12. OFFICERS AND DIRECTORS IN 12 DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. VSD DELETE 11 TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change 14.0 VSD DELETE 11 TITLE 17.0 21 Web 13 State1 Address Change 2405 NW 2 AVE 13 State1 Address 240 Strept Address Addition 1111 PTD DELETE 21 TITLE Change Addition 1111 VD DELETE 21 TITLE Change Addition 1111 VD DELETE 21 TITLE Change Addition 1111 VD DELETE 31 TITLE Change Addition								
Interior or registeriod agent, or both, in the State of Findles Such change was subhorized by the corporation's board of directors. I hereby accept the appointment as registered agent i and except the obligations of 2005. Findles Statutes. SIGNATURE Interim terms of accept the obligations of 2005. Findles Statutes. 12. OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. USD 15. Interim terms of accept the obligations of accept the obligation accept the obligations of accept the obligations of accept the					R4 City		R5 Zip	Code
SIGNATUHE Instrument operation of the discolutional agend and the international agen							FL	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VSD DELETE 11 TITLE Change Addition NMF ALLEN, CENIA 12 NAME 12 NAME 12 NAME STREET ADDRS 13 STREET ADDRS 13 STREET ADDRS 13 STREET ADDRS CITV: S1-2P MIAMI, FL 00000 14 DTV: 51-2P Change Addition TITLE PTD DELETE 21 TITLE Change Addition STREET ADDRS 2405 NW 2 AVE 23 STREET ADDRSS CTV: 51-2P Change Addition STREET ADDRS 2405 NW 2 AVE 23 STREET ADDRSS CTV: 51-2P Change Addition STREET ADDRS 2405 NW 2 AVE 23 STREET ADDRSS CTV: 51-2P Change Addition TITLE VO DELETE 31 TITLE Change Addition STREET ADDRS 2405 NW 2 AVE 33 STREET ADDRSS CTV: 51-2P CTV: 51-2P TITLE VO DELETE 31 TITLE Change Addition STREET ADDRSS 2405 NW 2 AVE 33 STREET ADDRSS CTV: 51-2P CTV: 51-2P	11. Pursuant office or	to the provisions of Sec registered agent, or both	tions 607.0502 and 607 h, in the State of Florida	1508, Florida Statul Such change was	es, the above-named cor	poration submits this statement for the pation's board of directors. I hereby acce	FL	s registered
THE VSD DELETE 11 THE Change Addition NMH ALLEN, CENIA 12 MARE 12 MARE 35 REFE ADDRESS SIFEET ADDRESS MIAMI, FL 00000 14 DELETE 21 TITLE Change Addition TITLE PTD DELETE 21 TITLE Change Addition SIFEET ADDRESS 2405 NV 2 AVE 23 SIFEET ADDRESS Change Addition NMAK RELAND JR, LEONARD P 22 MARE 23 SIFEET ADDRESS Change Addition SIFEET ADDRESS 2405 NV 2 AVE 23 SIFEET ADDRESS Change Addition NMAK RELAND JR, LEONARD P 22 MARE 23 SIFEET ADDRESS Change Addition SIFEET ADDRESS 2405 NV 2 AVE 33 SIFEET ADDRESS Change Addition TITLE VO DELETE 31 TITLE Change Addition SIFEET ADDRESS 2405 NV 2 AVE 33 SIFEET ADDRESS Change Addition SIFEET ADDRESS 2405 NW 2 AVE 33 SIFEET ADDRESS Change Addition SIFEET ADDRESS 2405 NW 2 AVE 33 SIFEET ADDRESS Change	office or agent 1 a	registered agent, or bott am familiar with, and acc	h, in the State of Florida cept the obligations of, S	Such change was Section 607.0505, Fl	es, the above-named cor authorized by the corpora orida Statutes.	ation's board of directors. I hereby acce	FL ourpose of changing in pt the appointment as	s registered
STREET ADDRESS 2405 NW 2 AVE 13 STREET ADDRESS 14 QTV-S1-2P 14 QTV-S1-2P TITTE PTD DELETE 21 TITLE Change Addition STREET ADDRESS 2405 NW 2 AVE 23 STREET ADDRESS Change Addition STREET ADDRESS 2405 NW 2 AVE 23 STREET ADDRESS Change Addition STREET ADDRESS 2405 NW 2 AVE 23 STREET ADDRESS Change Addition STREET ADDRESS 2405 NW 2 AVE 23 STREET ADDRESS Change Addition NAME GLBERT, GLEN R 33 STREET ADDRESS Change Addition NAME GLBERT, GLEN R 33 STREET ADDRESS Change Addition NAME GLBERT, GLEN R 33 STREET ADDRESS Change Addition NAME 10 ELETE 31 TITLE Change Addition NAME 33 STREET ADDRESS Change Addition NAME STREET ADDRESS Change Addition NAME 2405 NW 2ND AVE 43 STREET ADDRESS Change Addition NAME DELETE STITLE Change Addition	office or agent 1 a SIGNATURE	registered agent, or bott am familiar with, and acc Spratme bred crocker nam	h, in the State of Florida copt the obligations of, S e of registered agent and little r a	Such change was Section 607.0505, Fl	es, the above-named cor authorized by the corpora orida Statutes. E: Registered Agent signature requ	ation's board of directors. I hereby acceind	Durpose of changing if pt the appointment as	s registered registered
Intro Intro Intro Intro Intro MAME RELAND JR, LEONARD P 22 MAME Intro Intro STRET ADDRESS 2405 NW 2 AVE 23 STRET ADDRESS Intro Intro TITLE VD IDELETE 31 Title Intro Intro Intro STRET ADDRESS 2405 NW 2 AVE 32 NAME Intro Intro Intro Intro STRET ADDRESS 2405 NW 2 AVE 33 STRET ADDRESS Intro Int	office or agent 1 a SIGNATURE 12.	registered agent, or bott am familiar with, and acc Statute: bord provider ran C	h, in the State of Florida copt the obligations of, S e of registered agent and little r a	. Such change was Section 607 0505, Fl mplicable (NOT OFIS	es, the above-named cor authorized by the corpora orida Statutes. E: Registered Agent signature req. 13.	ation's board of directors. I hereby acceind	DATE DATE CERS AND DIRECTOR	s registered registered
Intro Intro Intro Intro Intro MAME RELAND JR, LEONARD P 22 MAME Intro Intro STRET ADDRESS 2405 NW 2 AVE 23 STRET ADDRESS Intro Intro TITLE VD IDELETE 31 Title Intro Intro Intro STRET ADDRESS 2405 NW 2 AVE 32 NAME Intro Intro Intro Intro STRET ADDRESS 2405 NW 2 AVE 33 STRET ADDRESS Intro Int	office or agent 1 SIGNATURE 12. TITLE NAME	registered agent, or bott am familiar with, and acc Statute: bled provide ran C VSD ALLEN, CENIA	h, in the State of Florida copt the obligations of, S e of registered agent and little r a	. Such change was Section 607 0505, Fl mplicable (NOT OFIS	es, the above-named cor authorized by the corpora orida Statutes. E: Registered Agent signature req. 13. 1.1 TITLE 1.2 NAME	ation's board of directors. I hereby acceind	DATE DATE CERS AND DIRECTOR	s registered registered IS IN 12
STREET ADDRESS 2405 NW 2 AVE 23 STREET ADDRESS C TY-ST-ZP MIAMI, FL 00000 2 4 (ITY-ST-ZP TITLE VO DELETE 31 TITLE AME GLBERT, GLEN R 32 NAME 32 STREET ADDRESS STREET ADDRESS 2405 NW 2 AVE 33 STREET ADDRESS	office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or bott am familiar with, and acc Statute: byed provide nam C VSD ALLEN, CENIA 2405 NW 2 AVE	h, in the State of Florida copt the obligations of, S e of registered agent and little r a	. Such change was Section 607 0505, Fl mplicable (NOT OFIS	es, the above-named cor authorized by the corpora orida Statutes. E: Registered Agent signature req. 13. 11 TITLE 12 NAME 13 STREET ADDRESS	ation's board of directors. I hereby acceind	DATE DATE CERS AND DIRECTOR	s registered registered IS IN 12
CTY-ST-2P MIAMI, FL 00000 2.4 CIY-ST-2P THE VD DELETE 31 FITLE NAME GLBERT, GLÊN R 32 NAME STRET ADDRESS 2405 NW 2 AVE 33 STRET ADDRESS CIY-ST-2P MIAMI, FL 00000 34. (IY-ST-2P MIK PRELAND, RUTH C VD DELETE STRET ADDRESS 2405 NW 2ND AVE 2405 NW 2ND AVE 43 STRET ADRESS CIY-ST-2P MIAMI FL DELETE 51 TITLE STRET ADRESS CIY-ST-2P DILE DELETE STRET ADRESS Signer ADDRESS CIY-ST-2P Change MAME Signer ADDRESS STRET ADRESS Signer ADDRESS CIY-ST-2P Change ITLE DELETE STRET ADRESS Signer ADDRESS STRET ADRESS Signer ADDRESS STRET ADRES Signer ADDRESS <tr< td=""><td>office or agont 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>registered agent, or bott am familiar with, and acc Statistics bipedicreate rate C VSD ALLEN, CENIA 2405 NW 2 AVE MIAMI, FL 00000 PTD</td><td>h, in the State of Florida cept the obligations of, S e of costend agent and life (a DEFTCERS AND DIRECT)</td><td>Such change was Section 607 0505, FI Intrinable (NOT OFIS DELETE</td><td>Es, the above-named cor authorized by the corpora orida Statutes. E: Registered Agent signature req. 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP</td><td>ation's board of directors. I hereby acceind</td><td>FL purpose of changing if pt the appointment as DATE CERS AND DIRECTOR Change</td><td>s registered registered IS IN 12</td></tr<>	office or agont 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or bott am familiar with, and acc Statistics bipedicreate rate C VSD ALLEN, CENIA 2405 NW 2 AVE MIAMI, FL 00000 PTD	h, in the State of Florida cept the obligations of, S e of costend agent and life (a DEFTCERS AND DIRECT)	Such change was Section 607 0505, FI Intrinable (NOT OFIS DELETE	Es, the above-named cor authorized by the corpora orida Statutes. E: Registered Agent signature req. 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	ation's board of directors. I hereby acceind	FL purpose of changing if pt the appointment as DATE CERS AND DIRECTOR Change	s registered registered IS IN 12
Inite VD DELETE 31 fifte Change Addition NAME GILBERT, GLEN R 32 NAME 32 STRET ADDRESS 33 STRET ADDRESS STRET ADDRESS 2405 NW 2 AVE 33 STRET ADDRESS 0 Change Addition NAME IRELAND, RUTH C 2405 NW 2ND AVE 4 2 NAME 0 Change Addition NAME IRELAND, RUTH C 4 3 STRET ADDRESS 0 Change Addition STRET ADDRESS 2405 NW 2ND AVE 4 3 STRET ADDRESS 0 Change Addition STRET ADDRESS 2405 NW 2ND AVE 4 3 STRET ADDRESS 0 Change Addition DITE DELETE 51 Title 0 Change Addition NAME STRET ADDRESS 53 STRET ADDRESS 0 Change Addition DITE 51 DELETE 51 Title 0 Change Addition NAME SSTRET ADDRESS 53 STRET ADDRESS 0 Change Addition NAME STRET ADDRESS 53 STRET ADDRESS 0 Change Addition NAME STRET ADDRESS 54 CITY-ST-ZP 0 Change Addition NAME STRET ADDRESS <td< td=""><td>office or agent 1 a SIGNATURE 12. 111LE NAME SIFEET ADDRESS CHY+S1-ZIP 111LE NAME</td><td>registered agent, or bott am familiar with, and acc Statistics bied or path or sam C VSD ALLEN, CENIA 2405 NW 2 AVE MIAMI, FL 00000 PTD IRELAND JR, LEON</td><td>h, in the State of Florida cept the obligations of, S e of costend agent and life (a DEFTCERS AND DIRECT)</td><td>Such change was Section 607 0505, FI Intrinable (NOT OFIS DELETE</td><td>es, the above-named cor authorized by the corpora orida Statutes. E: Registered Agent signature req. 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME</td><td>ation's board of directors. I hereby acceind</td><td>FL purpose of changing if pt the appointment as DATE CERS AND DIRECTOR Change</td><td>s registered registered IS IN 12</td></td<>	office or agent 1 a SIGNATURE 12. 111LE NAME SIFEET ADDRESS CHY+S1-ZIP 111LE NAME	registered agent, or bott am familiar with, and acc Statistics bied or path or sam C VSD ALLEN, CENIA 2405 NW 2 AVE MIAMI, FL 00000 PTD IRELAND JR, LEON	h, in the State of Florida cept the obligations of, S e of costend agent and life (a DEFTCERS AND DIRECT)	Such change was Section 607 0505, FI Intrinable (NOT OFIS DELETE	es, the above-named cor authorized by the corpora orida Statutes. E: Registered Agent signature req. 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME	ation's board of directors. I hereby acceind	FL purpose of changing if pt the appointment as DATE CERS AND DIRECTOR Change	s registered registered IS IN 12
STREET ADDRESS 2405 NW 2 AVE 33 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 000000 34. CITY-ST-ZIP TITLE DELETE 41 TITLE NAME IRELAND, RUTH C 4.2 MAME STREET ADDRESS 2405 NW 2ND AVE 4.2 MAME CITY-ST-ZIP MIAMI, FL Change Addition NAME IRELAND, RUTH C 4.2 MAME STREET ADDRESS 2405 NW 2ND AVE 4.3 STREET ADDRESS CITY-ST-ZP MIAMI FL DELETE NAME DELETE 5.1 TITLE NAME STREET ADDRESS Change STREET ADDRESS 2405 NW 2ND AVE 4.4 CITY-ST-ZIP Intre DELETE 5.1 TITLE Change NAME STREET ADDRESS 5.3 STREET ADDRESS Change CITY-ST-ZP DELETE 6.1 TITLE Change Addition NAME STREET ADDRESS 5.3 STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZP STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZP STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZP STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST	office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CHY+S1-ZIP TITLE NAME STREET ADDRESS	registered agent, or bott an familiar with, and acc Section bled a particular VSD ALLEN, CENIA 2405 NW 2 AVE MIAMI, FL 00000 PTD RELAND JR, LEON 2405 NW 2 AVE	h, in the State of Florida cept the obligations of, S e of costend agent and life (a DEFTCERS AND DIRECT)	Such change was Section 607 0505, FI Intrinable (NOT OFIS DELETE	es, the above-named cor authorized by the corpore orida Statutes. E: Registered Agent signature reg. 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST-ZIP 21 TITLE 22 NAME 2.3 STREET ADDRESS	ation's board of directors. I hereby acceind	FL purpose of changing if pt the appointment as DATE CERS AND DIRECTOR Change	s registered registered IS IN 12
CITY-SI-2P MIAMI, FL 00000 34. CITY-SI-2P TITLE DELETE 41. TITLE Change Addition NAME IRELAND, RUTH C 4.2 NAME 4.3 STREET ADDRESS CITY-SI-2P STREET ADDRESS 2405 NW 2ND AVE 4.3 STREET ADDRESS	office or agent 1 a SIGNATURE 12. TILE NAME SIFEET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS C TT - ST-ZIP	registered agent, or bott ann familian with, and acc Statute, bled agent fram VSD ALLEN, CENIA 2405 NW 2 AVE MIAMI, FL 00000 PTD IRELAND JR, LEON 2405 NW 2 AVE MIAMI, FL 00000	h, in the State of Florida cept the obligations of, S e of costend agent and life (a DEFTCERS AND DIRECT)	Such change was Section 607.0505, FI Ingliciable (NOT OFIS DELETE	es, the above-named cor authorized by the corpore orida Statutes. E: Registered Agent signature req. 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	ation's board of directors. I hereby acceind	FL purpose of changing if pt the appointment as DATE CERS AND DIRECTOF CERS AND DIRECTOF Change	s registered registered IS IN 12 Addition
Title VD DELETE 4.1 Title Change Addition NAME IRELAND, RUTH C 4.2 NAME 4.3 STREET ADDRESS 2405 NW 2ND AVE 4.3 STREET ADDRESS CITY-ST-7P MIAMI FL 4.4 CITY-ST-ZP 4.4 CITY-ST-ZP 1.0 Change Addition TITLE DELETE 5.1 TiTLE 1.0 Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZP TITLE DELETE 5.1 TiTLE 1.0 Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TiTLE 1.0 Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME SIREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP Internation 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 han othere to check of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my n	office or agent 1 a SIGNATURE 12. THE NAME STREET ADDRESS CHY+S1-ZIP THE NAME STREET ADDRESS CTY+S1-ZIP THE	registeried agent, or bott ann familiar with, and acc Statute: bled argent in ar VSD ALLEN, CENIA 2405 NW 2 AVE MIAMI, FL 00000 PTD IRELAND JR, LEON 2405 NW 2 AVE MIAMI, FL 00000 VD GILBERT, GLEN R	h, in the State of Florida cept the obligations of, S e of costend agent and life (a DEFTCERS AND DIRECT)	Such change was Section 607.0505, FI Ingliciable (NOT OFIS DELETE	es, the above-named cor authorized by the corpore orida Statutes. E: Registered Agent Egnature registered 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY - ST - ZIP 31 TITLE	ation's board of directors. I hereby acceind	FL purpose of changing if pt the appointment as DATE CERS AND DIRECTOF CERS AND DIRECTOF Change	s registered registered IS IN 12 Addition
SIREET ADDRESS 2405 NW 2ND AVE 4.3 STREET ADDRESS DTY-ST-2P MIAMI FL 4.4 CITY-ST-2P TITLE DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-2P 5.3 STREET ADDRESS CITY-ST-2P 5.3 STREET ADDRESS CITY-ST-2P 5.3 STREET ADDRESS CITY-ST-2P 5.4 CITY-ST-2IP TITLE DELETE STREET ADDRESS 6.1 TITLE CITY-ST-2P Change Addition NAME 5.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-2P 6.4 CITY-ST-2IP TITLE Change Addition NAME 6.3 STREET ADDRESS CITY-ST-2IP 6.4 CITY-ST-2IP 14. 1 do horeby 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 exploimental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that la m an efficer or direct of of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appoars in Block 12 or Block 13 if changed, or on an att	office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	registered agent, or bott am familian with, and acc Statutes based ar peake state (VSD ALLEN, CENIA 2405 NW 2 AVE MIAMI, FL 00000 PTD IRELAND JR, LEON 2405 NW 2 AVE MIAMI, FL 00000 VD GILBERT, GLEN R 2405 NW 2 AVE	h, in the State of Florida cept the obligations of, S e of costend agent and life (a DEFTCERS AND DIRECT)	Such change was Section 607.0505, FI Ingliciable (NOT OFIS DELETE	es, the above-named con authorized by the corpora orida Statutes. E: Registered Agent signature req. 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS	ation's board of directors. I hereby acceind	FL purpose of changing if pt the appointment as DATE CERS AND DIRECTOF CERS AND DIRECTOF Change	s registered registered IS IN 12 Addition
CITY-ST-7P MIAMI FL 44 CITY-ST-ZP ITUE DELETE 5.1 Title Change Addition NAME 5.2 NAME 5.3 street ADDRESS 5.3 street ADDRESS City-st-ZP STREET ADDRESS 5.3 street ADDRESS 5.4 CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE, Change Addition NAME DELETE 6.1 TITLE, Change Addition NAME DELETE 6.1 TITLE, Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS City-ST-ZIP Image: Change Addition STREET ADDRESS 6.3 STREET ADDRESS City-ST-ZIP Image: Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS City-ST-ZIP Image: Change Addition 14. I do hereby certify that the information supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under coath; 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. DREST I DEWT <td>office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>registered agent, or bott am familian with, and acc Statutis based or performan C VSD ALLEN, CENIA 2405 NW 2 AVE MIAMI, FL 00000 PTD IRELAND JR, LEON 2405 NW 2 AVE MIAMI, FL 00000 VD GILBERT, GLEN R 2405 NW 2 AVE MIAMI, FL 00000</td> <td>h, in the State of Florida cept the obligations of, S e of costend agent and life (a DEFTCERS AND DIRECT)</td> <td>Such change was Section 607 0505, FI OFIS DELETE</td> <td>ES, the above-named con authorized by the corpore orida Statutes. E: Registered Agent Egnature req. 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP</td> <td>ation's board of directors. I hereby acceind</td> <td>FL Durpose of changing if purpose of changing if purpose of changing if purpose of change DATE CERS AND DIRECTOF Change Change Change</td> <td>s registered registered IS IN 12 Addition</td>	office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	registered agent, or bott am familian with, and acc Statutis based or performan C VSD ALLEN, CENIA 2405 NW 2 AVE MIAMI, FL 00000 PTD IRELAND JR, LEON 2405 NW 2 AVE MIAMI, FL 00000 VD GILBERT, GLEN R 2405 NW 2 AVE MIAMI, FL 00000	h, in the State of Florida cept the obligations of, S e of costend agent and life (a DEFTCERS AND DIRECT)	Such change was Section 607 0505, FI OFIS DELETE	ES, the above-named con authorized by the corpore orida Statutes. E: Registered Agent Egnature req. 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP	ation's board of directors. I hereby acceind	FL Durpose of changing if purpose of changing if purpose of changing if purpose of change DATE CERS AND DIRECTOF Change Change Change	s registered registered IS IN 12 Addition
Intelling DELETE 5.1 mile Change Addition NAME 5.2 NAME 5.3 street ADDRESS 5.3 street ADDRESS 5.3 street ADDRESS CHY-S1-ZP 54 CHY-S1-ZIP 54 CHY-S1-ZIP 61 mile 61 mile Addition MAME DELETE 61 mile 61 mile 61 mile Addition NAME 62 NAME 63 street ADDRESS 63 street ADDRESS Addition Street ADDRESS 63 street ADDRESS 64 othy-St-ZIP Addition 14. I do 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. DRES I DENT	office or agont 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CTY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE	registered agent, or bott am familiar with, and acc Statutis based or performan C VSD ALLEN, CENIA 2405 NW 2 AVE MIAMI, FL 00000 PTD IRELAND JR, LEON 2405 NW 2 AVE MIAMI, FL 00000 VD GILBERT, GLEN R 2405 NW 2 AVE MIAMI, FL 00000 VD IRELAND, RUTH C	h, in the State of Florida cept the obligations of, S e of constant agent and life of a DEFICERS AND DIRECT IARD P	Such change was Section 607 0505, FI OFIS DELETE	es, the above-named cor authorized by the corpora orida Statutes. E: Registered Agent signature req. 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE	ation's board of directors. I hereby acceind	FL Durpose of changing if purpose of changing if purpose of changing if purpose of change DATE CERS AND DIRECTOF Change Change Change	s registered registered IS IN 12 Addition
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZP 54 CITY-ST-ZIP TITLE DELETE 61 TITLE 61 TITLE NAME 62 NAME Street ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP IT 10 bereby 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.	office or agont 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	registered agent, or bott am familiar with, and acc Statutine biped or performan C VSD ALLEN, CENIA 2405 NW 2 AVE MIAMI, FL 00000 PTD IRELAND JR, LEON 2405 NW 2 AVE MIAMI, FL 00000 VD GILBERT, GLEN R 2405 NW 2 AVE MIAMI, FL 00000 VD IRELAND, RUTH C 2405 NW 2ND AVE	h, in the State of Florida cept the obligations of, S e of constant agent and life of a DEFICERS AND DIRECT IARD P	Such change was Section 607 0505, FI OFIS DELETE	es, the above-named con authorized by the corpore orida Statutes. E: Registered Agent signature req. 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 2.3 STREET ADDRESS 2 4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ation's board of directors. I hereby acceind	FL Durpose of changing if purpose of changing if purpose of changing if purpose of change DATE CERS AND DIRECTOF Change Change Change	s registered registered IS IN 12 Addition
CITY-ST-ZP 54 CITY-ST-ZIP TITLE DELETE NAME 61 TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. L do 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.	office or agont 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	registered agent, or bott am familiar with, and acc Statutine biped or performan C VSD ALLEN, CENIA 2405 NW 2 AVE MIAMI, FL 00000 PTD IRELAND JR, LEON 2405 NW 2 AVE MIAMI, FL 00000 VD GILBERT, GLEN R 2405 NW 2 AVE MIAMI, FL 00000 VD IRELAND, RUTH C 2405 NW 2ND AVE	h, in the State of Florida cept the obligations of, S e of constant agent and life of a DEFICERS AND DIRECT IARD P	Such change was Section 607.0505, FI Infiliable (NOT OHS DELETE DELETE	es, the above-named cor authorized by the corpore orida Statutes. E: Registered Agent signature reg. 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ation's board of directors. I hereby acceind	FL Durpose of changing if Date Date Cers AND DIRECTOF Change Change Change Change Change	s registered registered IS IN 12 Addition Addition
THLE DELETE 6 1 THLE Change Addition NAME 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 63 STREET ADDRESS CITY-ST ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do 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 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. DRESIDENT	office or agont 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-S1-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	registered agent, or bott am familiar with, and acc Statutine biped or performan C VSD ALLEN, CENIA 2405 NW 2 AVE MIAMI, FL 00000 PTD IRELAND JR, LEON 2405 NW 2 AVE MIAMI, FL 00000 VD GILBERT, GLEN R 2405 NW 2 AVE MIAMI, FL 00000 VD IRELAND, RUTH C 2405 NW 2ND AVE	h, in the State of Florida cept the obligations of, S e of constant agent and life of a DEFICERS AND DIRECT IARD P	Such change was Section 607.0505, FI Infiliable (NOT OHS DELETE DELETE	es, the above-named con authorized by the corpore orida Statutes. E: Registered Agent signature req. 13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4. CITY - ST - ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 3 4. CITY - ST - ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP 5 1 TITLE	ation's board of directors. I hereby acceind	FL Durpose of changing if Date Date Cers AND DIRECTOF Change Change Change Change Change	s registered registered IS IN 12 Addition Addition
NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CitY-ST ZIP 63 STREET ADDRESS 14. I do 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.	office or agont 1 a SIGNATURE 12. TITLE NAME SIFEET 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	registered agent, or bott am familiar with, and acc Statutine biped or performan C VSD ALLEN, CENIA 2405 NW 2 AVE MIAMI, FL 00000 PTD IRELAND JR, LEON 2405 NW 2 AVE MIAMI, FL 00000 VD GILBERT, GLEN R 2405 NW 2 AVE MIAMI, FL 00000 VD IRELAND, RUTH C 2405 NW 2ND AVE	h, in the State of Florida cept the obligations of, S e of constant agent and life of a DEFICERS AND DIRECT IARD P	Such change was Section 607.0505, FI Infiliable (NOT OHS DELETE DELETE	es, the above-named con authorized by the corpore orida Statutes. E: Registered Agent signature req. 13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4. CITY - ST - ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS	ation's board of directors. I hereby acceind	FL Durpose of changing if Date Date Cers AND DIRECTOF Change Change Change Change Change	s registered registered IS IN 12 Addition Addition
CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do 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.	office or agont 1 a 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 STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP	registered agent, or bott am familiar with, and acc Statutine biped or performan C VSD ALLEN, CENIA 2405 NW 2 AVE MIAMI, FL 00000 PTD IRELAND JR, LEON 2405 NW 2 AVE MIAMI, FL 00000 VD GILBERT, GLEN R 2405 NW 2 AVE MIAMI, FL 00000 VD IRELAND, RUTH C 2405 NW 2ND AVE	h, in the State of Florida cept the obligations of, S e of constant agent and life of a DEFICERS AND DIRECT IARD P	Such change was Section 607.0505, FI Inglicable (NOT OFIS DELETE DELETE	es, the above-named con authorized by the corpore orida Statutes. E: Registered Agent signature req. 13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4. CITY - ST - ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 3 4. CITY - ST - ZIP 4 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 4 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP	ation's board of directors. I hereby acceind	FL purpose of changing if purpose of changing if purpose of change DATE CERS AND DIRECTOF Change Change Change Change Change Change Change Change Change	s registered registered IS IN 12 Addition Addition
14. I do 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 12 or Block or on an attachment with an address.	office or agent 1 a SIGNATURE 12. TITLE NAME SIFEET 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or bott am familiar with, and acc Statutine biped or performan C VSD ALLEN, CENIA 2405 NW 2 AVE MIAMI, FL 00000 PTD IRELAND JR, LEON 2405 NW 2 AVE MIAMI, FL 00000 VD GILBERT, GLEN R 2405 NW 2 AVE MIAMI, FL 00000 VD IRELAND, RUTH C 2405 NW 2ND AVE	h, in the State of Florida cept the obligations of, S e of constant agent and life of a DEFICERS AND DIRECT IARD P	Such change was Section 607.0505, FI Inglicable (NOT OFIS DELETE DELETE	es, the above-named cor authorized by the corpore orida Statutes. E: Registered Agent signature req. 13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 3 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 6 1 TITLE,	ation's board of directors. I hereby acceind	FL purpose of changing if purpose of changing if purpose of change DATE CERS AND DIRECTOF Change Change Change Change Change Change Change Change Change	s registered registered IS IN 12 Addition Addition
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. DRESIDENT	office or agent 1 a 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 STREET ADDRESS CITY - ST - ZP TITLE NAME STREET ADDRESS CITY - ST - ZP TITLE NAME	registered agent, or bott am familiar with, and acc Statutine biped or performan C VSD ALLEN, CENIA 2405 NW 2 AVE MIAMI, FL 00000 PTD IRELAND JR, LEON 2405 NW 2 AVE MIAMI, FL 00000 VD GILBERT, GLEN R 2405 NW 2 AVE MIAMI, FL 00000 VD IRELAND, RUTH C 2405 NW 2ND AVE	h, in the State of Florida cept the obligations of, S e of constant agent and life of a DEFICERS AND DIRECT IARD P	Such change was Section 607.0505, FI Inglicable (NOT OFIS DELETE DELETE	es, the above-named con authorized by the corpore orida Statutes. E: Registered Agent Egnature req. 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 31 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME	ation's board of directors. I hereby acceind	FL purpose of changing if purpose of changing if purpose of change DATE CERS AND DIRECTOF Change Change Change Change Change Change Change Change Change	s registered registered IS IN 12 Addition Addition
appears in Block 12 or Block 13 if changed, or on an attachment with an address. PRESIDENT	office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	registered agent, or bott an familiar with, and acc Section: bied criedler ran C VSD ALLEN, CENIA 2405 NW 2 AVE MIAMI, FL 00000 PTD IRELAND JR, LEON 2405 NW 2 AVE MIAMI, FL 00000 VD GILBERT, GLEN R 2405 NW 2 AVE MIAMI, FL 00000 VD IRELAND, RUTH C 2405 NW 2ND AVE MIAMI FL	h, in the State of Florida cept the obligations of, S e of costered agont and title <i>i</i> a DFFICERS AND DIRECT NARD P	Such change was Section 607.0505, FI Inglicable (NOT OFIS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	es, the above-named con authorized by the corpore orida Statutes. E: Registered Agent signature req. 13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 3 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP	ation's board of directors. I hereby acce ired when reinstalling) ADDITIONS/CHANGES TO OFFIC	FL purpose of changing if puthe appointment as DATE CERS AND DIRECTOF Change	s registered registered IS IN 12 Addition Addition
SIGNATURE SIGNATORE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	registered agent, or bolt an familiar with, and acc Sections band or prefer har (VSD ALLEN, CENIA 2405 NW 2 AVE MIAMI, FL 00000 PTD IRELAND JR, LEON 2405 NW 2 AVE MIAMI, FL 00000 VD GILBERT, GLEN R 2405 NW 2 AVE MIAMI, FL 00000 VD IRELAND, RUTH C 2405 NW 2ND AVE MIAMI, FL	h, in the State of Florida cept the obligations of, S is of costered agent and title if a DFFICERS AND DIRECT NARD P	Such change was Section 607.0505, FI Indicable (NOT OFIS DELETE DELETE DELETE DELETE DELETE DELETE IDELETE IDELETE IDELETE IDELETE IDELETE IDELETE IDELETE IDELETE	es, the above-named cor authorized by the corpore orida Statutes. E: Registered Agent signature req. 13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 3 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 5 4 CITY - ST - ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 5 4 CITY - ST - ZIP 1 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 5 4 CITY - ST - ZIP 1 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 5 4 CITY - ST - ZIP 1 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 5 4 CITY - ST - ZIP 1 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 5 3 STREET ADDRE	ation's board of directors. I hereby accepting when reinstalling) ADDITIONS/CHANGES TO OFFIC ADDITIONS/CHANGES TO OFFIC ADDITIONS	FL purpose of changing if puthe appointment as DATE CERS AND DIRECTOF Change Change	s registered registered IS IN 12 Addition Addition Addition