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4. Thereby 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 in an this applied 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 in an this applied 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 in an this applied with this filing does not qualify for the exemption stated in Section 119.07(3)(i).	office or registered agent, or bota, in t agent. I am familiar with, and ac apt ti Signature, typed or printed nar ie of rec 2	the State o Florida. the obligations of, Se <u>gistered agent</u> ind title if agi <u>CERS ANE</u> <u>DIRECT</u> JE JE E	Such change was 2 uth Icclion 607.0505, Flc rids Slicable. (NOTT : Re ORS DELETE DELETE DELETE DELETE DELETE	the above-named contronized by the corporate a Statutes. a Statutes. by istered Agent signature requi- 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 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap red when reinstating) DATE	And Change	S IN 12 Addition
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	office or registered agent, or both, in t agent. I am familiar with, and ac cept th Signature, typed or printed nar is of reg 2. DFFIC REE PD SERRATORE, BONO 5782 COMMERCE LAN S MIAMI, FL 00000 TLE PVD BONO SERRATORE 5782 COMMERCE LAN S MIAMI, FL 00000 TLE STD FRANK G. SERRATORE 5782 COMMERCE LAN S MIAMI, FL 00000 TLE ST2 TLE MME REET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP	Ite State o Florida. Ite obligativns of, Se Igistered agent ind title if api CERS ANE DIRECT IE IE IE IE	Such change was 2 uth Icction 607.0505, Flc rida Slicable. (NOTT : Re ORS DELETE DELETE DELETE DELETE DELETE	the above-named contribution of the component of the comp	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap red when reinstaling) DATE ADDITIC NS/CHANGES TO OFFICERS	L I of changing its r pointment as reg /.ND DIRECTOF Change Change Change Change Change Change	S IN 12 Addition