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| I de clini Si 20 I an an officer or director of the corport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if make 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 | ng its registered | FL Irpose of changing if Irpose of changing if Irpose of changing if DATE ERS AND DIRECTOF Change Change Change Change Change Change Change Change | on's board of directors. I hereby accepted when remstating) | 25, the above-named corporation inthorized by the corporation rida Statutes. Fegistered Agent signature requires 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 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 6.3 STREET ADDRESS | A Such change was a Section 607.0505, Flo approable (NOTE IORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE | In the State of Florida pl the obligations of, S of registered agent and tale 4 ap | egistered agent, or both m familiar with, and acc Strater, byeat or protection (VPD ALBA, SAMUEL 8240 SW 2ND ST. MIAMI FL PTD ALBA, EMILIANO 8240 SW 2ND ST. MIAMI FL SD ALBA, BLANCA 8240 SW 2ND ST. | I ADDRESS ST-20 T ADDRESS ST-20 T ADDRESS ST-20 T ADDRESS ST-20 T ADDRESS ST-20 T ADDRESS ST-20 T ADDRESS ST-20 T ADDRESS |