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4. 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 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	office or registered agent, or both, in f agent. I am familiar with, and accept t IGNATURE Signature. typed or printed name of re 2. OFFIC ILE PTD ALBA, SAMUEL 8240 S W 2ND ST MIAMI, FL 00000 TLE VTD MRE EMILIANO, ALBA 8240 S W 2ND ST MIAMI, FL 00000 TLE SD ALBA, MARAY 8240 S.W. 2ND ST MIAMI. FL 00000 TLE SD ALBA, MARAY 8240 S.W. 2ND. STREE MIAMI FL TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME IREET ADDRESS	the State of Florida. the obligations of, S spistored agent and title if a CERS AND DIREC	Such change was au ection 607.0505, Flori TORS (NOTE. DELETE	IS, the above-named corr thorized by the corporation of the corporati	of s board of directors, thereby accepted when reinstating)	purpose of ct t the appoint DATE FICERS AND	anging its ment as re DIRECTC Change Change Change Change Change Change	registered gistered RS IN 12 Addition Addition Addition