NAME	CHIMIA COMPANY Principal Place of Business P.O. BOX \$57055 BUMIN F1. 33255-4955 P.O. BOX \$57055 BUMIN F2. 33255-4955 P.O. BOX \$57055 P.O. BOX \$57055 BUMIN F2. 33255-4955 P.O. BOX \$57055 P.O. BOX \$5		PROFIT CORPORATION NUAL REPOR 1996	16 K. C	Sandra Secreta	RTMENT OF STATE B. Mortham iry of State CORPORATIONS			
Principal Place of Business P.D. Bott St005	Principal Place of Business Mailing Address Do Box \$57005 Business B	DOC 1. Corpo	UMENT #	508690	(5)				
P.D. BOM SSYDES IMAMI F1. 33259-405 P.D. BOM SSYDES IMAMI F1. 33259-1677515 P.D. BOM SSYDES IMAMI F1. 33259-167	P.D. BON \$5706S IMAMI FL 32254-065 P.D. BON \$5706S IMAMI FL 32254-065 P.D. BON \$5706S IMAMI FL 32254-065 P.D. BON \$5706S P.D. BON \$5706S IMAMI FL 32254-065 P.D. BON \$5706S P.D. BON \$5						I (Bå(\$) å())) Bå(A) LALIE BILLE (A)		. Bran Artin Ingi
P.O. BOX SSYMES MAMILE 33255-4055 MAMILE MAMI	P.O. BOX SONOS IMAMI P. 32055-405 BANAIR P. 405 BANAIR P. 32055-405 B	Principal	Place of Business		Mailing Address				
Principal Place of Bunness 2a, Malling Address 4. Fish Number 2. Super Address 5. Celtificate of Status Desired 5. Celtificate	2. Principal Place of Business				P.O. BOX 557065				
2. Mainty Address 2. Mainty Address 3. EL Number Apptived for Not Apptived for Not Apptived for Not Apptive for Set / Set	2. Principal Finite of Business 2. Malling Address 4. FET Names Agriculture Ag						· '		•
Suite. Apt #, etc. Suite. Apt #, etc. Suite. Suite	Sure, Apt 8, etc. 22	<u> </u>	oal Place of Business		├ ─┐		4. FEI Number		Applied For
City & State Ci	City & State 23	Suite,	Apt #, etc.		- }			1)	75 Additional
29	22 20 Country Zip Country Zip Country B. This reportation has basinly for rivery gibit has value in 1995 (32) 29 30 S. This corporation has basinly for rivery gibit has value in 1995 (32) 30 S. This corporation has basinly for rivery gibit has value in 1995 (32) 30 S. This corporation has basinly for rivery gibit has value in 1995 (32) 30 S. This corporation has basinly for rivery gibit has value in 1995 (32) 30 Street Address of North Registered Agent S. This corporation is corporated in section of the Registered Agent S. This corporation is corporated in section of the Registered Agent S. This corporation is corporated in section of the Registered Agent S. This corporation is corporated in section of the Registered Agent S. This corporation is corporated in section of the Registered Agent S. This corporation is corporated in section of the Registered Agent S. This corporation is corporated in section in the State of Rock Registered Agent S. This corporation is submits this statement for the purpose of changing in registered affect of rigidition of State of Rock Registered Statutes. SIGNALURE The registered agent or both in the State of Rock Statutes S. This corporation is solved of timelows. I horizon purpose of changing in registered Agent S. This corporation is corporated in sections. I horizon purpose of changing in registered Agent S. This corporation is corporated in sections. I horizon purpose of changing in registered Agent S. This corporation is corporated in sections. I horizon purpose of changing in registered Agent S. This corporation is corporated in sections. I horizon purpose of changing in registered Agent S. This corporation is corporated in the S. This corporated in the Corporation of the cor		State						
9. Name and Address of Current Registered Agent TRAVESO, RAIMUNDO J 15023 S.W. 89TH TERRACE RD. MIAMI FL 33198 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607 500P and 607 1500, Fonds Statutes the above named or operation submits this statement for the purpose of changing its registered agent I am familiar with and accept the obligations of Sections 607 500P and 607 1500, Fonds Statutes the above named corporation submits this statement for the purpose of changing its registered agent I am familiar with and accept the obligations of Section 607 500P, Fonds Statutes the above named corporation submits this statement for the purpose of changing its registered agent I am familiar with and accept the obligations of Section 607 500P, Fonds Statutes 11. Pursuant to the provisions of Sections 607 500P, Fonds Statutes the above named corporation submits this statement for the purpose of changing its registered agent I am familiar with and accept the obligations of Sections 607 500P, Fonds Statutes 12. OF FICERS AND DIRECTORS 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. TANKESO, RAMIUNDO 15. TANKESO, RAMIUNDO	23	· · · · · · · · · · · · · · · · · · ·	Country	28		Trust Fund Contribution	L Add	ded to Fees
TRAVIESO, RAIMUNDO J 15023 S.W. 89TH TERRACE RD. MIAMI FL 33196 82 Street Address (PO Box Number is Not Acceptable) 83 A Cay FL 85 Zrp Code 11. Pursuant to the provisions of Sections 637 (900 and 607 1500, Florida Statulas), the above named corporation submits his talement for the purpose of changing its registered office or registered agent, or both in the Bintle of Florida Statulas, the above named corporation submits his talement for the purpose of changing its registered office or purpose of changing its registered office or purpose of changing its registered office or purpose of changing its registered spent its brinch with and accept the 60 gloron of Section 157 (605). Florida Statulas SIGNATURE 90 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. TALKESO, RAIMUNDO 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DI	TRAVIESO, RAIMUNDO J 15023 S.W. 88TH TERRACE RD. MIAMI FL 33196 80 City FL 85 7/p Code 11. Pursuant to the provisions of Sections 627 6502 and 607 1508. Florida Statulates the among corporation submits this statement for the purpose of changing its registerer office or registered agent or both in the State of Hords Such change was authorized by the corporation's blood of directors. Hordby accept the approximant as registered agent and familiar with and accept the corporation of Section 607 605. Florida Statulates the approximant as registered agent and familiar with and accept the corporation of the corporation's blood of directors. Hordby accept the approximant as registered agent and familiar with and accept the corporation of the corporation's blood of directors. Hordby accept the approximant as registered agent and familiar with and accept the corporation of the corporation's blood of directors. Hordby accept the approximant as registered agent and familiar with and accept the corporation of the corporation's blood of directors. Hordby accept the approximant as registered agent and familiar with and accept the corporation of the corporation of the corporation of the corporation of the corporation and accept the corporation of the corporation and accept the corporation accept the corporation and accept the corporation accept the corporation and accept the corporation ac	····	25	Country	} 1		1		er s. 199 032,
TRAVIESO, RAMUNDO J 15.023 SW. 88TH ADDRESS TRAVIESO, MARIA I STRET ADDRESS S	TRAVIESO, RAMMUNDO J 15023 S.W. 891 TERRACE RD. MIAMI FL 33196 80 81 81 62 63 64 64 64 64 64 64 64 64 64	· · · · ·			Registered Agent	81 Name	10. Name and Address of New	Registered Agent	
13. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 12.	TILE TRAVIESO, RAMUNDO TRAVIESO, MARIA I TRAVIESO, MARIA TRAVIESO, MARIA I TRAVIESO, MARIA I TRAVIESO, MARIA I TRAVIESO,		WINWI LT 22120						
NAME STREET ADDRESS 15023 SW 89 TERRACE RD 13 STREET ADDRESS 15 COTY -51 - 2P MIAMIL, FL 00000 14 COTY -51 - 2P MIAMIL FL 00000 15 COTY -51 - 2P NAME TRAVIESO, MARIA I 22 NAME STREET ADDRESS 15 COTY -51 - 2P MIAMIL, FL 00000 2 COTY -51 - 2P MIAMIL, FL 00000 3 STREET ADDRESS CITY -51 - 2P MIAMIL COMPANY	NAME TRAVESO, RAMMUNDO 12 NAME 15023 SW 89 TERRACE RD 13 STREET ADDRESS 15023 SW 89 TERRACE RD 13 STREET ADDRESS 15 NAME 1	agen	e or registered agent, it. I am familiar with, a IRE	or both in the State of and accept the obligati	r Florida, Such change was a ons of, Section 607 0505, Fix	es, the above-named corputationized by the corporationida Statules.	ion's board of directors. I hereby acc	e purpose of changin cept the appointment	o ite registered
15023 SW 89 TERRACE RD	STREET ADDRESS 15023 SW 89 TERRACE RD 1.3 STREET ADDRESS 1.4 CTITL'S F.7P MIAMI, FL 00000 1.4 CTITL'S F.7P Change Add Add TRAVIESO, MARIA 22 NAME 22 NAME 23 STREET ADDRESS 15023 SW 89 TERRACE RD 23 STREET ADDRESS 15023 SW 89 TERRACE RD 24 CTITL'S F.7P TITLE Change Add	SIGNATU	e or registered agent, it. I am familiar with, a IRE	or both in the State of and accept the obligation of registered agent	Florida Such change was a ons of, Section 607 0505, Fic and the dapple also: INO DIRECTORS	es, the above-named corplatithorized by the corporationida Statules.	ion's board of directors. I hereby acc iri-d when reislativiji	PL e purpose of changin cept the appointment	g its registered as registered TORS IN 12
TITLE	INTLE STD DELETE 21 HILE Change Add NAME TRAVESO, MARIA I 15023 SW 89 TERRACE RD 22 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 24 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS 32 SWAME 32 STREET ADDRESS 33 STREET ADDRESS 33 STREET ADDRESS 33 STREET ADDRESS 32 NAME 32 NAME 32 NAME 32 NAME 32 NAME 33 STREET ADDRESS 34 OTY-ST-ZIP 51 TILE	SIGNATU 12.	e or registered agent, it I am familiar with, a Signature is perfor pr	or both in the state of and accept the obligation of the obligatio	Florida Such change was a ons of, Section 607 0505, Fic and the dapple also: INO DIRECTORS	es, the above-named corporate authorized by the corporate bridge Statules. If Regional Agent signature required 13. 1.1 TIRE	ion's board of directors. I hereby acc iri-d when reislativiji	PL e purpose of changin cept the appointment	g its registered as registered TORS IN 12
TRAVIESO, MARIA 1 15023 SW 89 TERRACE RD 23 STREET ADDRESS 2 4 CITY-ST-ZIP	TRAVIESO, MARIA I STREET ADDRESS TITLE DELETE TITLE TITLE DELETE TITLE TITLE DELETE TITLE TITLE DELETE TITLE DELETE TITLE TITLE DELETE TITLE TITLE DELETE TITLE TITLE DELETE TITLE DELETE TITLE DELETE TITLE TITLE DELETE TITLE DELETE TITLE TITLE DELETE TITLE TITLE DELETE TITLE TITLE DELETE TITLE	SIGNATU 12. TITLE NAME	PD TRAVIESO, 15023 SW	OF FICERS AND RAMUNDO 89 TERRACE RD	Florida Such change was a ons of, Section 607 0505, Fic and the dapple also: INO DIRECTORS	es, the above-named corporate statules. IE Registered Agent signature required. 13. 1.1 TIRE 1.2 NAME	ion's board of directors. I hereby acc iri-d when reislativiji	PL e purpose of changin cept the appointment	g its registered as registered TORS IN 12
TITLE	TITLE DELETE 31 TITLE	SIGNATU 12. TITLE NAME STREET ADDR CITY-ST-ZIF	PD TRAVIESO, 15023 SW MIAMI, FL (OF FICERS AND RAMUNDO 89 TERRACE RD	Thorida Such Change was a consider Section 607 0505, Fix and the day of the DIRECTORS DELETE	es, the above-named corporate authorized by the corporate bridge Statules. IE Brightered Agent signature required 13. 1.1 TIRE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP	ion's board of directors. I hereby acc iri-d when reislativiji	e purpose of changin cept the appointment DATE FICERS AND DIREC Chair	g its registered as registered TORS IN 12 nge Addition
STREET ADDRESS 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP	STREET ADDRESS CITY- ST-ZIP TITLE DELETE 41 TITLE ADDRESS CITY- ST-ZIP TITLE DELETE 41 TITLE ADDRESS CITY- ST-ZIP TITLE DELETE 41 TITLE ADDRESS CITY- ST-ZIP TITLE DELETE 51 TITLE DELETE 51 TITLE ADDRESS CITY- ST-ZIP TITLE DELETE 51 TITLE Change Add Add AMME 52 NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 61 TITLE ADDRESS CITY- ST-ZIP TITLE BELETE 61 TITLE BELETE 61 TITLE ADDRESS CITY- ST-ZIP THE BELETE 61 TITLE BELETE 61 TITLE BELETE 61 TITLE BELETE FOR ADDRESS CITY- ST-ZIP THE BELETE FOR ADDRESS CONTACT THE BELETE	SIGNATU 12. TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR	PD TRAVIESO, 15023 SW MIAMI, FL (STD TRAVIESO, 15023 SW MIAMI, FL (STD TRAVIESO, 15023 SW	OF DOTE IN The State of and accept the obligation of the obligatio	Thorida Such Change was a consider Section 607 0505, Fix and the day of the DIRECTORS DELETE	es, the above-named corporation of the corporation	ion's board of directors. I hereby acc iri-d when reislativiji	e purpose of changin cept the appointment DATE FICERS AND DIREC Chair	g its registered as registered TORS IN 12 nge Addition
City-St-ZiP	CITY-ST-ZIP TITLE DELETE 4 TITLE Add NAME STREET ADDRESS DITY-ST-ZIP TITLE DELETE 4 TITLE ACTIVE 4 CITY-ST-ZIP TITLE DELETE 5 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6 TITLE DELETE 6 TITLE ACTIVE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6 TITLE ACTIVE STREET ADDRESS CITY-ST-ZIP TITLE ACTIVE ACTIVE ACTIVE STREET ADDRESS CITY-ST-ZIP TITLE ACTIVE 6 ACTIVE 5 ACTIVE 6 ACTIVE ACTIVE 14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), 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 mand annual report is true and accurate and that my signature shall have the same legal effect as mand annual report is true and accurate and that my signature shall have the same legal effect as mand annual report is true and accurate and that my signature shall have the same legal effect as mand annual report is true and accurate and that my signature shall have the same legal effect as mand annual report as required by Chapter 617, Florida Statutes a mand annual report as required by Chapter 617, Florida Statutes and manual report as required by Chapter 617, Florida Statutes and manual report as required by Chapter 617, Florida Statutes and manual report as required by Chapter 617, Florida Statutes and manual report as required by Chapter 617, Florida Statutes and manual report as required by Chapter 617, Florida Statutes and manual report as required by Chapter 617, Florida Statutes and manual report as required by Chapter 617, Florida Statutes and manual report as required by Chapter 617, Florida Statutes and manual report as required by Chapter 617, Florida Statutes and manual report as required by Chapter 617, Florida Statutes and manual report as required by Chapter 617, Florida	SIGNATU 12. TITLE NAME STREET ADDR CITY-ST-ZIP NAME STREET ADDR CITY-ST-ZIP CITY-ST-ZIP	PD TRAVIESO, 15023 SW MIAMI, FL (STD TRAVIESO, 15023 SW MIAMI, FL (STD TRAVIESO, 15023 SW	OF DOTE IN The State of and accept the obligation of the obligatio	Torida Such Change was a ons of, Section 607 0505, Fix and the dauptical of the DELETE DELETE	es, the above-named corporation of the corporation	ion's board of directors. I hereby acc iri-d when reislativiji	e purpose of changin cept the appointment DATE FFICERS AND DIREC Cha	g its registered as registered TORS IN 12 nge Addition
NAME STREET ADDRESS DITY-S1-ZIP A 4 CITY-S1-ZIP TITLE DELETE 5 1 TITLE S 2 NAME STREET ADDRESS CITY-S1-ZIP 5 4 CITY-S1-ZIP TITLE DELETE 6 1 TITLE DELETE 6 2 NAME STREET ADDRESS CITY-S1-ZIP THE STREET ADDRESS CITY-S1-ZIP THE DELETE 6 4 CITY-S1-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x), Florida Statutes 1	NAME STREET ADDRESS DITY-ST-ZIP TITLE DELETE DELETE DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	SIGNATU 12. TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME	PD TRAVIESO, 15023 SW MIAMI, FL (MIAMI, FL (OF DOTE IN The State of and accept the obligation of the obligatio	Torida Such Change was a ons of, Section 607 0505, Fix and the dauptical of the DELETE DELETE	es, the above-named corporation of the corporation	ion's board of directors. I hereby acc iri-d when reislativiji	e purpose of changin cept the appointment DATE FFICERS AND DIREC Cha	g its registered as registered TORS IN 12 nge Addition
STREET ADDRESS DITY-ST-ZIP TITLE DELETE 5 1 TITLE S 2 NAME STREET ADDRESS CHY-ST-ZIP TITLE DELETE 5 3 STREET ADDRESS CHY-ST-ZIP TITLE DELETE 6 1 TITLE DELETE 6 1 TITLE DELETE 6 1 TITLE DELETE 6 1 TITLE NAME STREET ADDRESS CHY-ST-ZIP 6 4 CHY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x), Florida Statutes 1	STREET ADDRESS DITY-ST-ZIP TITLE DELETE 5 1 TITLE Change Add NAME STREET ADDRESS CITY-ST-ZIP TITLE 5 2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change Add NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change Add Add NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x). 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 made under oath, that I agn an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, as made under oath, that I agn an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, as	SIGNATU 12. TITLE NAME STREET ADDR TITLE NAME STREET ADDR TITLE NAME STREET ADDR TITLE NAME STREET ADDR	PD TRAVIESO, 15023 SW MIAMI, FL (RESS 15023 SW MIAMI, FL (OF DOTE IN The State of and accept the obligation of the obligatio	Torida Such Change was a ons of, Section 607 0505, Fix and the dauptical of the DELETE DELETE	es, the above-named corporation of the corporation	ion's board of directors. I hereby acc iri-d when reislativiji	e purpose of changin cept the appointment DATE FFICERS AND DIREC Cha	g its registered as registered TORS IN 12 nge Addition
TITLE DELETE 5 1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x), Florida Statutes 1	TITLE DELETE 5 1 TITLE 5 2 NAME STREET ADDRESS CITY-ST-2IP 5 4 CTTY-ST-2IP TITLE DELETE 61 TITLE 62 NAME STREET ADDRESS CITY-ST-2IP 64 CTTY-ST-2IP TITLE 64 NAME 62 NAME STREET ADDRESS CITY-ST-2IP 63 STREET ADDRESS CITY-ST-2IP 64 CTTY-ST-2IP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x). 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 made under oath, that I agree an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, a	SIGNATU 12. TITLE NAME STREET ADDR CITY-ST-ZIF	PD TRAVIESO, 15023 SW MIAMI, FL (RESS 15023 SW MIAMI, FL (OF DOTE IN The State of and accept the obligation of the obligatio	Thorida Such Change was a consider application 607 0505, Fix and tide dapplication (IAO DIRECTORS	es, the above-named corporation of the corporation	ion's board of directors. I hereby acc iri-d when reislativiji	e purpose of changin cept the appointment DATE FICERS AND DIREC Cha Cha	g its registered as registered TORS IN 12 nge
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 61 TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x), Florida Statutes 1	NAME STREET ADDRESS CITY-ST-ZIP S1 CITY-ST-ZIP S1 CITY-ST-ZIP TITLE DELETE B1 TITLE B1 TITLE Change Add Add C1 NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x). 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 not same legal effect as made under oath, that I agri an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, a	SIGNATU 12. TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME	PD TRAVIESO, 15023 SW MIAMI, FL (RESS MIAMI, FL (OF DOTE IN The State of and accept the obligation of the obligatio	Thorida Such Change was a consider application 607 0505, Fix and tide dapplication (IAO DIRECTORS	es, the above-named corporation authorized by the corporation of a statules. If Projected Agent signature required a Statules. If The 13. 1.1 Tifle 12 NAME 1.3 STREET ADDRESS 1.4 City - ST - Zip 2.1 Tifle 2.2 NAME 2.3 STREET ADDRESS 2.4 City - ST - Zip 3.1 Tifle 3.2 NAME 3.3 STREET ADDRESS 3.4 City - ST - Zip 4.1 Tifle 4.2 NAME	ion's board of directors. I hereby acc iri-d when reislativiji	e purpose of changin cept the appointment DATE FICERS AND DIREC Cha Cha	g its registered as registered TORS IN 12 nge
CHY-ST-ZIP TITLE DELETE 61 TITLE 61 TITLE 62 NAME STREET ADDRESS CITY-ST-ZIP 63 STREET ADDRESS 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 65 Qualify for the exemption stated in Section 119 07(3)(x), Florida Statutes 1	CRIY-SI-ZIP TITLE DELETE 61 TITLE OF A CRIY-SI-ZIP 62 NAME STREET ADDRESS CRIY-SI-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x). Florida Statutes 1 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 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 617. Florida Statutes, a	SIGNATU 12. TITLE NAME STREET ADDR CITY-ST-ZIF	PD TRAVIESO, 15023 SW MIAMI, FL (RESS MIAMI, FL (OF DOTE IN The State of and accept the obligation of the obligatio	DELETE DELETE	es, the above-named corporation authorized by the corporation of a statules. IF Replaced Agent signature required a Statules. IT TIFLE 12 NAME 13 STREET ADDRESS 1.4 City - ST - Zip 21 TIFLE 22 NAME 23 STREET ADDRESS 2.4 City - ST - Zip 31 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - Zip 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - Zip 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - Zip	ion's board of directors. I hereby acc iri-d when reislativiji	DATE Chair Cha	g its registered as registered TORS IN 12 nge
TITLE DELETE 61 TITLE Change Addition	NAME STREET ADDRESS CITY- ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x). 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 made under oath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, a	SIGNATU 12. TITLE NAME STREET ADDR CITY-ST-ZIF TITLE	PD TRAVIESO, 15023 SW MIAMI, FL (RESS MIAMI, FL (OF DOTE IN The State of and accept the obligation of the obligatio	DELETE DELETE	es, the above-named corporation authorized by the corporation of Statules. IE Replaced Agent signature required a Statules. IT I	ion's board of directors. I hereby acc iri-d when reislativiji	DATE Chair Cha	g its registered as registered TORS IN 12 nge
STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS 6 4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(s). Florida Statutes 1	STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x). Florida Statutes 1 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 made under oath, that I agree an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, a	SIGNATU 12. TITLE NAME STREET ADDR CITY-ST-ZIF TITLE NAME STREET ADDR STREET ADDR STREET ADDR	PD TRAVIESO, 15023 SW MIAMI, FL (STD STAVIESO, 150	OF DOTE IN The State of and accept the obligation of the obligatio	DELETE DELETE	es, the above-named corporation of the above-named and above-named above-named and above-named and above-named and above-named and	ion's board of directors. I hereby acc iri-d when reislativiji	DATE Chair Cha	g its registered as registered TORS IN 12 nge
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x). Florida Statutes 1	6 CITY-ST-ZIP 6 4 CITY-ST-ZIP 6 4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x). 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 made under eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, a	SIGNATU 12. TITLE NAME STREET ADDR CITY-ST-ZIF TITLE NAME	PD TRAVIESO, 15023 SW MIAMI, FL (STD STAVIESO, 150	OF DOTE IN The State of and accept the obligation of the obligatio	DELETE D	es, the above-named corporation authorized by the corporation of a statules. IE Brothered Agent signature required a Statules. IT I	ion's board of directors. I hereby acc iri-d when reislativiji	E purpose of changin cept the appointment DAIL FICERS AND DIREC Chai Chai Chai Chai Chai	g its registered as registered TORS IN 12 nge
14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(K). Florida Statutes 1 for the certific that the information indicated on this agreed exemption stated in Section 119 07(3)(K). Florida Statutes 1	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 made under eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, a	SIGNATU 12. TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME	PD TRAVIESO, 15023 SW MIAMI, FL (STD STAVIESO, 150	OF DOTE IN The State of and accept the obligation of the obligatio	DELETE D	es, the above-named corporate authorized by the corporate price of the corporate statules. IE Registered Agent signature required a Statules. IT I	ion's board of directors. I hereby acc iri-d when reislativiji	E purpose of changin cept the appointment DAIL FICERS AND DIREC Chai Chai Chai Chai Chai	g its registered as registered TORS IN 12 nge
manager serving and the minoritative monotoned on this aminor report of suppremental attribut report is true and accurate and that this stipp state (e.g., et al., and the same legal effect as if made under out that had a manager report of the configuration or the recovery of making and provide by the property of the configuration of the report of the configuration of the report of the configuration of the		SIGNATU 12. TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME	PD TRAVIESO, 15023 SW MIAMI, FL (RESS PRESS PRE	OF DOTE IN THE STATE OF AND ACCEPT THE OBLIGATION OF FICERS AND AND AND AND ADDRESS AND AD	DELETE D	es, the above-named corporation authorized by the corporation of a statules. IE Brothered Agent signature required a Statules. IT I	ined when recolating in ADDITIONS/CHANGES TO OF	E purpose of changin cept the appointment DAIL FICERS AND DIREC Cha Cha Cha Cha Cha	g its registered as registered. TORS IN 12 nge