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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 (3)(i). Flonda 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	office or r agent. 1 a NATU[{E ET ADDRI:SS ST-ZIP ET ADDRI:SS ST-ZIP ET ADDRI SS ST-ZIP ET ADDRI SS ST-ZIP ET ADDRI SS ST-ZIP	egistered agent, or t m familiar with, and Signature, typed or printed PD CROLL,REUBEN 4770 KENT AVE MONTREAL,QUE S BLOOM, HYMAN 4770 KENT AVE	xxth, in the State of a scept the obligation of registered agen OFFICERS AN EBEC,CANADA	f Florid ons of, and title is	a. Such change was Section 607.0505, F (applicable (NO CTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	ttes, the above-name authorized by the corr orida Statutes. E: Registered Agent signature 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	bor ation 'S D	reinstating	ectors. I nereby a	ссері те ар	Change Change	Fegistered Agiistered Files IN 12 Additio
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