Sector Cettal y OT State Sector Cettal y OT S	PROI CORPOR ANNUAL F	RATION REPORT		FLORIDA DEPAR Sandra B Secretar	DOULUU TMENT OF STATE . Mortham y of State CORPORATIONS	Jan 16 19		
Index of bioliness         Nation Address           280 AuXWISK CRCLE Str 50 ML CARLES FL 3314         280 AuXWISK CRCLE Str 50 CORL CARLES FL 3314-5115 US         3. Cate Incorporation of Cualified 1ac, Date of Last Report 00/15/16/19/19         3ac, Date of Last Report 00/15/16/19/19           Strice Apt R, dct         Salité Ant R, dct: Salité	OCUME	NT # 6261		(9)			•	
Op/15/15/1379         C2/22/1905           Bute of B	ALHAMBRA CIRC E 301	Œ	299 AL STE 30 CORAL	HAMBRA CIRCLE	5115			
28     Sou Ann. #. do:     10     Not Apple and Sou Ann. #. do:       27     S. Bon Ann. #. do:     27     S. Conflicts of Status Desired     S. 75 A detemoit       28     Chy & State     21     S. Conflicts of Status Desired     S. 50 May Be       20     Country     22     S. Conflicts of Status Desired     S. 50 May Be       20     Country     22     S. Conflicts Of Status Desired     S. 50 May Be       20     Country     27     D. Country     S. The corporation Stability for manufable (as under s. 199 032; finded to Fees       20     S. Marme and Address of Current Registered Agent     30. Name and Address of Country Begistered Agent     30. Name and Address of Count Registered Agent       30     Street Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)       280 ALHAMBRA CIRCLE STE 301     29     Street Address (P.O. Box Number is Not Acceptable)       281 All Charter agent and back of Proceed Status (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)       281 All Charter agent and the object of Proceed Status (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)       282 All Charter agent and the object of Proceed Status (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)       283 All Charter agent and the object of Procemont for the object of Proceed Status (P.O. Box Number i	Principal Place of	Business	<b>2a.</b> Ma	iling Address				polied For
Chy & State     City & State     C. Control State Desired     Fee Required       Chy & State     City & State     Election Campaign Pranning     \$5.00 May Be       Zip     Country     Zip     Country     Election Campaign Pranning     \$5.00 May Be       Zip     Country     Zip     Country     Election Campaign Pranning     \$5.00 May Be	Sule Ant # elc			ite Aot # etc		59-1932110		ot Applicable
Image: construction     Image: construction     Added to False       2p     2p     Country     2p     Added to False       2s     2s     2p     Country     1     This composition has fability to reproduce the runnable tar under s. 199 022.       9. Name and Address of Country     2s     3p     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       28. Street Address (P.O. Box Number is Not Acceptable)     3p     3p     3p       29. All-AMBRA CIRCLE STE 301     3p     3p     3p       29. Cordet GABLES FL 3134     3p     3p     3p       30. For the provisions of Socitoris 607 6502 and 607 1506. Florids Statutes     3p     3p       30. For the provisions of Socitoris 607 6502 and 607 1506. Florids Statutes     3p     3p       30. For the provisions of Socitoris 607 6502 and 607 1506. Florids Statutes     3p     3p       30. For the provisions of Socitoris 607 6502 and 607 1506. Florids Statutes     3p     3p       NNTUFL     ap     10. Number and Address to provision of the appoint and accept the objection of the social statutes     3p       NNTUFL     Statutes     2p     2p     2p       10. Control (Constructed the objection of the social statutes     3p     3p       11. And accept the objection of the social statutes     3p     3p       12. ADDITIO			27			5. Certificate of Status Desired		
Zp     Country     Zp     Country     Zp     Country     as     This companyion has liability or upungbing for upungbi	City & State			y & State				
s. Name and Address of Current Registered Agent     SMTH, DONALD G.     289 ALMABRA CIRCLE STE 301     CORAL GABLES FL 33134     B     Street Address (P.O. Box Number is Not Acceptable)     B     Get City     FL     Street Address (P.O. Box Number is Not Acceptable)     B     Get City     FL     Street Address (P.O. Box Number is Not Acceptable)     B     Get City     FL     Street Address (P.O. Box Number is Not Acceptable)     B     Get City     FL     Street Address (P.O. Box Number is Not Acceptable)     B     Get City     FL     Street Address (P.O. Box Number is Not Acceptable)     B     Get City     FL     Street Address (P.O. Box Number is Not Acceptable)     B     Get City     FL     Street Address (P.O. Box Number is Not Acceptable)     Street Address     Corporation's board of directors. I hereby accept the appointment as registered     Get City     FL     Street Address     Corporation's board of directors. I hereby accept the appointment as registered     Get City     Corporation's board of directors. I hereby accept the appointment as registered     Street Address     Corporation's board of directors. I hereby accept the appointment as registered     Street Address     Corporation's board of directors. I hereby accept the appointment as registered     Street Address     Corporation's board of directors. I hereby accept the appointment as registered     Street Address     Corporation's board of directors. I hereby accept the appointment as registered     Street Address     Corporation's board of directors. I hereby accept the appointment as registered     Street Address     Street Address     Corporation's board of directors. I hereby accept the appointment as registered     Street Address     Corporation's board of directors. I hereby accept the appointment as registered     Street Address     Street     OFFICE RS AND DIRECTORS IN 12     Street Address     Stree	Zıp		·	>	·	8. This corporation has liability for		. 199.032,
Barry Dorder Carlos State 301     CORAL GABLES FL 33134      Barry Coreal GABLES FL 33134      Barry Coreal of Sections 607 CMO2 and 607 1508. Florida Statutes, the above nemed corporation submits this statement for the appointment as registered     Getter or registered agert, or both, in the State of Florida, Statutes, the above nemed corporation submits this statement for the appointment as registered     Getter registered agert, or both, in the State of Florida, Statutes, the above nemed corporation's board of directors. I hereby accept the appointment as registered     Getter registered agert, and the appointment as registered     Getter Registered Agert agert and the statement for the appointment as registered     Getter Registered Agert agert agert and the statement for the appointment as registered     Getter Registered Agert agert agert and the statement for the appointment as registered     Getter Registered Agert		Name and Address of		d Agent				•
CORAL GABLES FL 33134			301					
Image: Processories of Sections 607 05:00 and 607 15:08. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered open 1 and induced by the corporation's board of directors. I hereby accept the adjustered significant equation with a state of Florids. Such change was suthinized by the corporation's board of directors. I hereby accept the submitment as registered agent and accept accept the submit acc						iress (P.O. Box Number is Not Accept	able) 	
Presuant to the provisions of Sections 607 05:02 and 607 1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. and accept the statute of Florida. Such change was subhorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Table and accept the appointment as registered agent. Table and accept the bulgations of Section 607 0505. Florida Statutes         NATURE       Description and accept the obligations of Section 607 0505. Florida Statutes         Bigstore, type for prior table statutes of Florida Statutes.       More Registered agent and accept the obligation of Section 180 0000 (Florida Statutes)         Status       OFFICE RG AND DIPL CTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIPL CTORS IN 12.         Status       DELETE       11 Mile       12 IMME       Change       Addition         Status       DELETE       21 IME       21 IMME       Change       Addition         Status       DELETE       31 IME       Change       Addit					83			
INATURE       (MOTE Registance Agent Signature regulated when initiating)       DATE         OFFICE RS AND DIRE CTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         E       PD       DELETE       11 Mile       Image       Addition         SMITH, DONALD G.       29 ALHANBRA CIRCLE       13 Street ADDRESS       14 Dire Street ADRESS       CORAL GABLES FL       14 Dire Street ADRESS         CORAL GABLES FL       DELETE       21 MME       24 ADRESS       23 Street ADRESS         SIT-ZP       24 ADR ST.       24 ADRE       23 Street ADRESS       24 ADRESS         SIT-ZP       24 ADR ST.       24 ADRESS       24 ADRESS       24 ADRESS         SIT-ZP       24 ADRE ST.       24 ADRESS       24 ADRESS       24 ADRESS         SIT-ZP       24 ADRE ST.       24 ADRESS       24 ADRESS       24 ADRESS         SIT-ZP       24 ADRE ST.       24 ADRESS       24 ADRESS       24 ADRESS         SIT-ZP       24 ADRE ST.       24 ADRESS       24 ADRESS       24 ADRESS         SIT-ZP       24 ADRE ST.       24 ADRESS       24 ADRESS       24 ADRESS         SIT-ZP       24 ADRE ST.       24 ADRESS       24 ADRESS       24 ADRESS       25 ADRE								
e       SMTTH, DONALD G.         299 ALHAMBRA CIRCLE       13 SIRET ADDRESS         -S1-2P       14 CIY-S1-2P         e       10 DELETE         23 SIRET ADDRESS       23 SIRET ADDRESS         -S1-2P       24 CIY-S1-2P         e       23 SIRET ADDRESS         -S1-2P       24 CIY-S1-2P         e       23 SIRET ADDRESS         -S1-2P       24 CIY-S1-2P         e       33 SIRET ADDRESS         -S1-2P       34 CIY-S1-2P         e       33 SIRET ADDRESS         -S1-2P       34 CIY-S1-2P         e       34 CIY-S1-2P         e       24 ANME         e       35 SIRET ADDRESS         -S1-2P       34 CIY-S1-2P         e       35 SIRET ADDRESS         -S1-2P       34 CIY-S1-2P         e       35 SIRET ADDRESS         -S1-2P       44 CIY-S1-2P         e       53 SIRET ADDRESS         -S1-2P       54 CIY-S1-2P         e       53 SIRET ADDRESS	Pursuant to the office or register	provisions of Sections 6 red agent, or both, in th	607.0502 and 607-1 ie State of Florida, S	508, Florida Statuti Such change was a		poration submits this statement for the tion's board of directors. I hereby acc	FL	
CORAL GABLES FL       14 OUT-S1 7/P         E       DELETE       21 1/fLE       Change       Addition         EEI ADDRESS       23 STREET ADDRESS       23 STREET ADDRESS	GNATURE Signator	re, type d'ar printea name st regi:	stored ageor and the diapp	plicative (NOT) RS	es, the above-named cor authorized by the corpora orida Statutes E. Rogistered Agent signature requ 13.	ilred when reinstating)	PL purpose of changing i ept the appointment as DATE ICERS AND DIRECTOF	ts registered registered
SIT-2P       DELETE       Little       Change       Additio         EE       23 STREET ADDRESS       23 STREET ADDRESS       Change       Additio         SIT-2P       24 OTY-ST-ZP       Change       Additio         EE       DELETE       31 TITLE       Change       Additio         E       DELETE       31 TITLE       Change       Additio         E       DELETE       31 TITLE       Change       Additio         E       32 NAME       33 STREET ADDRESS       Change       Additio         E       33 STREET ADDRESS       34 CITY-ST-ZP       Change       Additio         E       DELETE       41 TITLE       Change       Additio         E       DELETE       41 TITLE       Change       Additio         E       DELETE       41 TITLE       Change       Additio         E       DELETE       51 TITLE       Change       Additio         E       S1 STREET ADDRESS       S3 STREET ADDRESS	SNATURE Signatur	ra, tyse 3 or profect name of ragio OF FICE	stored ageor and the diapp	plicative (NOT) RS	es, the above-named cor authorized by the corpora orida Statutes E Registered Agent signature requ 13. 1.1 TILE	ilred when reinstating)	PL purpose of changing i ept the appointment as DATE ICERS AND DIRECTOF	ts registered registered
EET ADDRESS       2.3 STREET ADDRESS         -:ST-7IP       2.4 CITY-ST-7IP         E       DELETE         IDELETE       3.1 TITLE         3.2 NAME       3.2 NAME         ST-7IP       3.4 CITY-ST-7IP         E       3.3 STREET ADDRESS         -:ST-7IP       3.4 CITY-ST-7IP         E       3.3 STREET ADDRESS         -:ST-7IP       3.4 CITY-ST-7IP         E       DELETE         4.1 TITLE       Change         Addition       4.2 NAME         E       DELETE         4.1 TITLE       Change         Addition       4.3 STREET ADDRESS         -:ST-7IP       4.4 CITY-ST-72P         E       DELETE         STITLE       STREET ADDRESS         -:ST-7IP       4.4 CITY-ST-72P         E       DELETE         STITLE       Change         Addition       STREET ADDRESS         -:ST-7IP       4.4 CITY-ST-72P         E       DELETE         STITLE       STREET ADDRESS         -:ST-7IP       STREET ADDRESS         -:ST-7IP       STREET ADDRESS         -:ST-7IP       STREET ADDRESS         -:ST-7IP	E PD E SIGNATURE. E PD SMI EET ADORESS 299	ie, 53e dier piniten name stregts OFFICE ITH, DONALD G. ALHAMBRA CIRCLE	dered agent and the dam RS AND DIRECTO	plicative (NOT) RS	E Registered Agent signature required a Statutes	ilred when reinstating)	PL purpose of changing i ept the appointment as DATE ICERS AND DIRECTOF	ts registered registered
S1-2IP       2.4 QIY-S1-ZIP         E       DELETE       3.1 TITLE         Addition       2.8 NAME         S2 NAME       3.3 STREET ADDRESS         S1-ZIP       3.4 CUTY-S1-ZIP         E       DELETE         S1-ZIP       3.4 CUTY-S1-ZIP         E       DELETE         S1-ZIP       Change         Addition       Addition         E       A STREET ADDRESS         -S1-ZIP       4 CUTY-S1-ZIP         E       A STREET ADDRESS         -S1-ZIP       4 CUTY-S1-ZIP         E       DELETE         S1 TITLE       Change         Addition       STREET ADDRESS         -S1-ZIP       4 CUTY-S1-ZIP         E       DELETE         S1 TITLE       Change         Addition       STREET ADDRESS         -S1 ZIP       S1 TITLE         E       DELETE         B       S1 TITLE         Change	E Signator E Signator E SMI E SMI 299 - ST-21P	ie, 53e d'or piniteo namie s'rege OFFICE ITH, DONALD G. ALHAMBRA CIRCLE	dered agent and the dam RS AND DIRECTO	DIK 36 (NOT RS DELETE	E Registered Agent signature required a Statutes E Registered Agent signature required 13. 1.1 HILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-2IP	ilred when reinstating)	Purpose of changing in ept the appointment as DATE ICERS AND DIRECTOF	ts registered registered RS IN 12
E Change Addition E Addition	INATURE Signature E PD ET ADDRESS STI-ZIP E	ie, 53e d'or piniteo namie s'rege OFFICE ITH, DONALD G. ALHAMBRA CIRCLE	dered agent and the dam RS AND DIRECTO	DIK 36 (NOT RS DELETE	E Registered Agent signature required for the corporation of the corpo	ilred when reinstating)	Purpose of changing in ept the appointment as DATE ICERS AND DIRECTOF	ts registered registered RS IN 12
EEF ADDRESS       3.3 STREET ADDRESS         - ST-2IP       34. CITY-ST-2IP         E       DELETE       4.1 TITLE         It       Change       Addition         KE       4.2 NAME       4.3 STREET ADDRESS         -ST-2IP       4.3 STREET ADDRESS       4.3 STREET ADDRESS         -ST-2IP       4.4 CITY-ST-2IP	SNATURE Signature E PD SMI SMI SMI 299 COI E E E E E E E E E E E E T ADORESS	ie, 53e d'or piniteo namie s'rege OFFICE ITH, DONALD G. ALHAMBRA CIRCLE	dered agent and the dam RS AND DIRECTO	DIK 36 (NOT RS DELETE	E Registered Agent signature required a Statutes E Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - 2IP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ilred when reinstating)	Purpose of changing in ept the appointment as DATE ICERS AND DIRECTOF	ts registered registered RS IN 12
ST-ZIP       34. CITY-ST-ZIP         E       DELETE       4.1 TITLE       Change       Addition         tet       4.2 NAME       4.2 NAME       4.3 STREET ADDRESS       4.3 STREET ADDRESS <st-zip< td="">       44 CITY-ST-ZIP       4.4 CITY-ST-ZIP       4.4 CITY-ST-ZIP         E       DELETE       5.1 TITLE       Change       Addition         FE       DELETE       5.1 TITLE       Change       Addition         E       DELETE       5.1 TITLE       Change       Addition         E       DELETE       5.1 TITLE       Change       Addition         E       DELETE       6.1 TITLE       Change       Addition         E       DELETE       6.1 TITLE       Change       Addition         E       DELETE       6.3 STREET ADDRESS       6.3 STREET ADDRESS       6.3 STREET ADDRESS         -ST-ZIP       Statutes       6.3 STREET ADDRESS       6.4 CITY-ST-ZIP       Change       Addition         Tob hereby certify that the</st-zip<>	SNATURE: E PD SMI SMI SMI 299 COI E E E E E E E E E E E T D COI E E E E COI E E E E COI E E E E COI E E E COI E E COI E E COI E E COI E E COI E E COI E E COI E E COI E COI E COI E E COI E E COI E COI E COI E COI E E COI E COI E COI E E COI E E COI E E COI E E COI E E COI E E COI E E COI E E E COI E E COI E E COI E E E COI E E E COI E E COI E E E C COI E E E C C C C C C C C C C C C C	ie, 53e d'or piniteo namie s'rege OFFICE ITH, DONALD G. ALHAMBRA CIRCLE	dered agent and the dam RS AND DIRECTO	plik alve (NOTI RS DELETE	E Registered Agent signature required Agent si	ilred when reinstating)	Purpose of changing in ept the appointment as DATE ICERS AND DIRECTOF Change Change	ts registered registered
HE       4.2 NAME         GET ADDRESS       4.3 STREET ADDRESS         4.4 CITY-ST-ZIP       44 CITY-ST-ZIP         E       DELETE         DELETE       5.1 TITLE         Change       Addition         FE       DELETE         S1 TITLE       Change         Addition       5.2 NAME         S2 NAME       5.3 STREET ADDRESS         -S1 ZIP       5.4 CITY-ST-ZIP         E       DELETE         E       DELETE         6.1 TITLE       Change         Addition         FE       DELETE         6.1 TITLE       Change         Addition         FE       DELETE         6.3 STREET ADDRESS         -S1-ZIP         FE       Change         Addition         62 NAME         63 STREET ADDRESS         -S1-ZIP         I do hereby certily 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 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 a	E PD E PD SMI EET ADORESS C-ST-ZIP E AE EET ADORESS (-ST-ZIP E AE E AE E AE E AE E ADORESS COI COI COI COI COI COI COI COI	ie, 53e d'or piniteo namie s'rege OFFICE ITH, DONALD G. ALHAMBRA CIRCLE	dered agent and the dam RS AND DIRECTO	plik alve (NOTI RS DELETE	E Rogistered Agent signature required for the corporation of the corpo	ilred when reinstating)	Purpose of changing in ept the appointment as DATE ICERS AND DIRECTOF Change Change	ts registered registered
EET ADDRESS       4.3 STREET ADDRESS        SI-2IP       44 CITY-SI-ZIP         E       DELETE         E       DELETE         5.1 TITLE       Change         Additione         FE       S1 TITLE         Change       Additione         5.1 ZIP       S3 STREET ADDRESS         C-SI-ZIP       S4 CITY-SI-ZIP         E       DELETE         S4 CITY-SI-ZIP         E       DELETE         S4 CITY-SI-ZIP         E       DELETE         6.1 TITLE       Change         Additione         6.2 NAME         6.3 STREET ADDRESS         C3 STREET ADDRESS         C4 CITY-SI-ZIP         I do 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the inf	ENATURE E Signature ME SMI 299 COI E AE EET ADORESS (- ST- ZIP E AE EET ADORESS AE EET ADORESS	ie, 53e d'or piniteo namie s'rege OFFICE ITH, DONALD G. ALHAMBRA CIRCLE	dered agent and the dam RS AND DIRECTO	plik alve (NOTI RS DELETE	E Registered Agent signature required Statutes E Registered Agent signature required 13. 1.1 HILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ilred when reinstating)	Purpose of changing in ept the appointment as DATE ICERS AND DIRECTOF Change Change	ts registered registered
- ST-2IP       44 CitY-ST-ZIP         E       DELETE       5.1 TITLE         NE       5.2 NAME         ST-ZIP       5.3 STREET ADDRESS         (-ST-ZIP)       5.4 CiTY-ST-ZIP         E       DELETE         6.1 TITLE       Change         Addition         IE       DELETE         6.1 TITLE       Change         Addition         EE       DELETE         6.1 TITLE       Change         Addition         6.2 NAME         6.3 STREET ADDRESS         (-ST-ZIP)         I do 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 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 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 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 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 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 supplicititities and that and accurate and that my signature sha	SINATURE:         Signature           .E         PD           AE         SMI           EET ADDRESS         299           Y-ST-ZIP         COI           EET ADDRESS         Y-ST-ZIP           .E         AE           EET ADDRESS         Y-ST-ZIP           .E	ie, 53e d'or piniteo namie s'rege OFFICE ITH, DONALD G. ALHAMBRA CIRCLE	dered agent and the dam RS AND DIRECTO	DELETE	es, the above-named cor authorized by the corpora orida Statutes E Registered Agent signature requ 13. 1.1 HILE 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	ilred when reinstating)		ts registered registered
EE       52 NAME         EET ADDRESS       53 STREET ADDRESS         - ST - ZIP       54 CITY - ST - ZIP         E       DELETE         6 1 TIFLE       6 1 TIFLE         6 2 NAME       6.3 STREET ADDRESS         rest ADDRESS       6.3 STREET ADDRESS         rest ADDRESS       6.4 CITY - ST - ZIP         I do 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 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 is true and accurate and that my signature shall have the same legal effect as if made under path; th	SNATURE E PD ME SMI 299 COI E ADORESS (-ST-ZIP E AE EET ADORESS (-ST-ZIP E AE EET ADORESS (-ST-ZIP E AE EET ADORESS (-ST-ZIP E AE EET ADORESS (-ST-ZIP E AE EET ADORESS	ie, 53e d'or piniteo namie s'rege OFFICE ITH, DONALD G. ALHAMBRA CIRCLE	dered agent and the dam RS AND DIRECTO	DELETE	es, the above-named cor authorized by the corpora orida Statutes E Registered Agent signature requ 13. 1.1 IffLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 IffLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME	ilred when reinstating)		ts registered registered
EET ADDRESS       5.3 STREET ADDRESS         -ST-ZIP       5.4 CITY-ST-ZIP         E       DELETE       6.1 TITLE         IE       6.2 NAME         6.2 NAME       6.3 STREET ADDRESS         -ST-ZIP       6.3 STREET ADDRESS         -ST-ZIP       6.4 CITY-ST-ZIP         If Address       6.3 STREET ADDRESS         -ST-ZIP       6.4 CITY-ST-ZIP         If Address       6.3 STREET ADDRESS         -ST-ZIP       6.4 CITY-ST-ZIP         If do hereby certily 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 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 ori this annual report or supplemental annual report is true and cacurate and that my signature shall have the same legal effect as if made under path; th	SNATURE: E PD SMI SMI SMI SMI 299 COI E E E E E E E E E E E E E	ie, 53e d'or piniteo namie s'rege OFFICE ITH, DONALD G. ALHAMBRA CIRCLE	dered agent and the dam RS AND DIRECTO	DELETE	es, the above-named cor authorized by the corpora orida Statutes E Registered Agent signature requined 13. 1.1 HILE 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	ilred when reinstating)	Purpose of changing is epit the appointment as         DATE         ICERS AND DIRECTOF         ICERS AND DIRECTOF         Change         Change         Change         Change         Change	ts registered registered
E DELETE 6.1 TITLE Change Addition E 62 NAME 6.3 STREET ADDRESS -S1-ZIP	INATURE Signature E PD SMI E SMI E ADDRESS 299 - ST-2IP COI E E E E E E E E E E E E E E E E E E E	ie, 53e d'or piniteo namie s'rege OFFICE ITH, DONALD G. ALHAMBRA CIRCLE	dered agent and the dam RS AND DIRECTO	DELETE	es, the above-named cor authorized by the corpora orida Statutes E Registered Agent signature requ- 13. 1.1 HILE 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	ilred when reinstating)	Purpose of changing is epit the appointment as         DATE         ICERS AND DIRECTOF         ICERS AND DIRECTOF         Change         Change         Change         Change         Change	ts registered registered RS IN 12 Addition Addition
E 62 NAME 61 ADDRESS -S1-ZIP I do hereby certily that the information supplied with this filling 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 docurate and that my signature shall have the same legal effect as if made under path; th	INATURE Signature PD Signature Signature E PD SMI 299 COI E E E E E E E E E E E E E E E E E E E	ie, 53e dier piniten name stregts OFFICE ITH, DONALD G. ALHAMBRA CIRCLE	dered agent and the dam RS AND DIRECTO	DELETE	es, the above-named cor authorized by the corpora orida Statutes E Registered Agent signature req. 13. 1.1 TILE 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 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ilred when reinstating)	Purpose of changing is epit the appointment as         DATE         ICERS AND DIRECTOF         ICERS AND DIRECTOF         Change         Change         Change         Change         Change	ts registered registered
ET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 1 do hereby certily 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 docurate and that my signature shall have the same legal effect as if made under path; th	INATURE Signature E PD SMI E SMI ET ADDRESS - ST-2IP E E E E E E1 ADDRESS - ST-2IP E E E1 ADDRESS - ST-2IP E E E1 ADDRESS - ST-2IP E E E1 ADDRESS - ST-2IP E E E1 ADDRESS - ST-2IP	ie, 53e dier piniten name stregts OFFICE ITH, DONALD G. ALHAMBRA CIRCLE	dered agent and the dam RS AND DIRECTO	plicatore (NOTI RS DELETE DELETE DELETE DELETE DELETE DELETE	es, the above-named cor authorized by the corpora orida Statutes E Registered Agent signature req. 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	ilred when reinstating)	Purpose of changing if ept the appointment as         DATE         ICERS AND DIRECTOF         ICERS AND DIRECTOF         Change         Change         Change         Change         Change         Change         Change         Change	ts registered registered IS IN 12 Addition Addition Addition
I do hereby certily 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; the	ENATURE E PD Signature E ADORESS (-ST-2IP E E E E E E E E E E E E E	ie, 53e dier piniten name stregts OFFICE ITH, DONALD G. ALHAMBRA CIRCLE	dered agent and the dam RS AND DIRECTO	plicatore (NOTI RS DELETE DELETE DELETE DELETE DELETE DELETE	es, the above-named cor authorized by the corpora orida Statutes E Registered Agent signature requined 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 6.1 TITLE	ilred when reinstating)	Purpose of changing if ept the appointment as         DATE         ICERS AND DIRECTOF         ICERS AND DIRECTOF         Change         Change         Change         Change         Change         Change         Change         Change	ts registered registered IS IN 12 Addition Addition Addition
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: the	SNATURE E PD Signature E ADORESS (-ST-ZIP E AE EET ADORESS (-ST-ZIP E AE E E AE E E AE E E AE E E AE E E AE E E AE E E AE E E AE E E AE E E AE E E AE E E AE E E AE E E AE E E AE E E AE E E AE E E AE E E ADORESS (-ST-ZIP E AE E E ADORESS (-ST-ZIP E AE E E ADORESS (-ST-ZIP E AE E E ADORESS (-ST-ZIP E AE E E AE E E AE E E ADORESS (-ST-ZIP E AE E E ADORESS (-ST-ZIP E AE E E ADORESS (-ST-ZIP E AE E E A A A A A A A A A A A A A	ie, 53e dier piniten name stregts OFFICE ITH, DONALD G. ALHAMBRA CIRCLE	dered agent and the dam RS AND DIRECTO	plicatore (NOTI RS DELETE DELETE DELETE DELETE DELETE DELETE	es, the above-named cor authorized by the corpora orida Statutes E Registered Agent signature requined 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-7IP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-7IP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-7IP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-7IP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-7IP 6.1 TITLE 6.2 NAME	ilred when reinstating)	Purpose of changing if ept the appointment as         DATE         ICERS AND DIRECTOF         ICERS AND DIRECTOF         Change         Change         Change         Change         Change         Change         Change         Change	ts registered registered IS IN 12 Addition Addition Addition
I am an officer or director of the compration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed, or on an attachment with an address.	SNATURE: E PD AE Signator AE SIGNATURE: Signator SMI 2999 COI E AE EET ADORESS (-ST-ZIP E AE EET ADORESS (-ST-ZIP E AE E E ADORESS (-ST-ZIP E AE E E AE E E AE E E ADORESS (-ST-ZIP E AE E E AE E E ADORESS (-ST-ZIP E E AE E E AE E E ADORESS (-ST-ZIP E E AE E E AE E E AE E E ADORESS (-ST-ZIP E E AE E E ADORESS (-ST-ZIP E E AE E E AE E E AE E E AE E E AE E E AE E E AE E E AE E E ADORESS (-ST-ZIP E E AE E E AE E E ADORESS (-ST-ZIP E AE E E AE E ADORESS (-ST-ZIP E AE E AE E ADORESS (-ST-ZIP E AE E AE E ADORESS (-ST-ZIP E AE E ADORESS (-ST-ZIP E AE E AE E ADORESS (-ST-ZIP E AE E AE E ADORESS (-ST-ZIP E AE AE ADORESS (-ST-ZIP E AE AE ADORESS (-ST-ZIP AE AE ADORESS (-ST-ZIP AE ADORESS (-ST-ZIP AE AE ADORESS (-ST-ZIP AE (-ST-ZIP AE AE ADORESS (-ST-ZIP AE AE AE AE ADORESS (-ST-ZIP AE AE AE AE AE AE AE AE AE AE	o, yee d or piniteo name of rege OFFICE	And ager and the day	DELETE	es, the above-named cor authorized by the corpora orida Statutes E Registered Agent signature requined 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 6.3 STREET ADDRESS 5.4 CITY - ST - ZIP	ited when reinstating) ADDITIONS/CHANGES TO OFF	Purpose of changing if ept the appointment as         DATE         ICERS AND DIRECTOF         ICERS AND DIRECTOF         Change         Change	ts registered registered IS IN 12 Addition Addition Addition Addition

.