



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 18, 2005 08:00 AM  
Secretary of State

| <b>DOCUMENT # 681481</b><br>1. Entity Name <span style="float: right;"></span><br>AMERICAN GENUINE AUTO-TRUCK PARTS, INC.   |                       |  |   | <br><br>1st MOORE      CR2E034 (10/04)  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
|--|-----------------------|--|---|--|---|----------------------------|--|--|---|--|--|-------|------|---------------------------------|-------|------|---|----------------|--|--|----------------|--|--|---------------|--|--|---------------|--|--|-------|----|---------------------------------|-------|--|---|------|-----------------------|--|------|--|--|----------------|-----------------------|--|----------------|--|--|---------------|----------------|--|---------------|--|--|-------|----|---------------------------------|-------|--|---|------|--------------------|--|------|--|--|----------------|-----------------------|--|----------------|--|--|---------------|----------------|--|---------------|--|--|-------|---|---------------------------------|-------|--|---|------|---------------|--|------|--|--|----------------|-----------------------|--|----------------|--|--|---------------|----------|--|---------------|--|--|-------|----|---------------------------------|-------|--|---|------|---------------------|--|------|--|--|----------------|--------------------|--|----------------|--|--|---------------|----------------|--|---------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|---------------|--|--|---------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|---------------|--|--|---------------|--|--|
| Principal Place of Business<br>2777 NW 54TH ST<br>MIAMI FL 33142<br>US   |                       | Mailing Address<br>3400 CORAL WAY<br>600<br>MIAMI FL 33145<br>US |   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| 2. Principal Place of Business   |                       | 3. Mailing Address   |   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| Suite, Apt. #, etc.  |                       | Suite, Apt. #, etc.  |   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| City & State   |                       | City & State   |   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| Zip  |                       | Country  |   | 4. FEI Number <b>59-2027867</b><br>Applied For <input type="checkbox"/> Not Applicable   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                       | <b>\$8.75</b> Additional Fee Required                            |   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DIAZ, JUSTO L.</b><br><b>3400 CORAL WAY, STE 3600</b><br><b>MIAMI FL 33145-3053</b>  |                       |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |                       |  |   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |                       |  |   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                       |  |   | 9. Election Campaign Financing <b>\$5.00</b> May Be<br>Trust Fund Contribution <input type="checkbox"/> Added to Fees  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">DIAZ, JUSTO LUIS, JR.</td> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2777 N.W. 54TH STREET</td> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2">MIAMI FL 33142</td> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>VS</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">DIAZ, MARIA CARMEN</td> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2777 N.W. 54TH STREET</td> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2">MIAMI FL 33142</td> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">MELENDI, RUTH</td> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2777 N.W. 54TH STREET</td> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2">MIAMI FL</td> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>VT</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">DIAZ, JUSTO LUIS JR</td> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2777 N.W. 54TH ST.</td> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2">MIAMI FL 33142</td> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> </table> |                       |  |   |  |   | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  | CITY- ST- ZIP |  |  | TITLE | PD | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | DIAZ, JUSTO LUIS, JR. |  | NAME |  |  | STREET ADDRESS | 2777 N.W. 54TH STREET |  | STREET ADDRESS |  |  | CITY- ST- ZIP | MIAMI FL 33142 |  | CITY- ST- ZIP |  |  | TITLE | VS | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | DIAZ, MARIA CARMEN |  | NAME |  |  | STREET ADDRESS | 2777 N.W. 54TH STREET |  | STREET ADDRESS |  |  | CITY- ST- ZIP | MIAMI FL 33142 |  | CITY- ST- ZIP |  |  | TITLE | T | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | MELENDI, RUTH |  | NAME |  |  | STREET ADDRESS | 2777 N.W. 54TH STREET |  | STREET ADDRESS |  |  | CITY- ST- ZIP | MIAMI FL |  | CITY- ST- ZIP |  |  | TITLE | VT | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | DIAZ, JUSTO LUIS JR |  | NAME |  |  | STREET ADDRESS | 2777 N.W. 54TH ST. |  | STREET ADDRESS |  |  | CITY- ST- ZIP | MIAMI FL 33142 |  | CITY- ST- ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  | CITY- ST- ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  | CITY- ST- ZIP |  |  |
| 10. OFFICERS AND DIRECTORS   |                       |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| TITLE  | NAME                  | <input type="checkbox"/> Delete                                  | TITLE   | NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| STREET ADDRESS   |                       |  | STREET ADDRESS  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| CITY- ST- ZIP  |                       |  | CITY- ST- ZIP   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| TITLE  | PD                    | <input type="checkbox"/> Delete                                  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| NAME   | DIAZ, JUSTO LUIS, JR. |  | NAME  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| STREET ADDRESS   | 2777 N.W. 54TH STREET |  | STREET ADDRESS  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| CITY- ST- ZIP  | MIAMI FL 33142        |  | CITY- ST- ZIP   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| TITLE  | VS                    | <input type="checkbox"/> Delete                                  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| NAME   | DIAZ, MARIA CARMEN    |  | NAME  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| STREET ADDRESS   | 2777 N.W. 54TH STREET |  | STREET ADDRESS  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| CITY- ST- ZIP  | MIAMI FL 33142        |  | CITY- ST- ZIP   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| TITLE  | T                     | <input type="checkbox"/> Delete                                  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| NAME   | MELENDI, RUTH         |  | NAME  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| STREET ADDRESS   | 2777 N.W. 54TH STREET |  | STREET ADDRESS  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| CITY- ST- ZIP  | MIAMI FL              |  | CITY- ST- ZIP   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| TITLE  | VT                    | <input type="checkbox"/> Delete                                  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| NAME   | DIAZ, JUSTO LUIS JR   |  | NAME  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| STREET ADDRESS   | 2777 N.W. 54TH ST.    |  | STREET ADDRESS  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| CITY- ST- ZIP  | MIAMI FL 33142        |  | CITY- ST- ZIP   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| TITLE  |                       | <input type="checkbox"/> Delete                                  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| NAME   |                       |  | NAME  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| STREET ADDRESS   |                       |  | STREET ADDRESS  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| CITY- ST- ZIP  |                       |  | CITY- ST- ZIP   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| TITLE  |                       | <input type="checkbox"/> Delete                                  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| NAME   |                       |  | NAME  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| STREET ADDRESS   |                       |  | STREET ADDRESS  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| CITY- ST- ZIP  |                       |  | CITY- ST- ZIP   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| 12. 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 report or supplemental 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 Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  |                       |  |   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| SIGNATURE: <u>Justo L. Diaz</u> 04/14/05 (905) 446 2055<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                       |  |   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |               |  |  |               |  |  |       |    |                                 |       |  |   |      |                       |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |    |                                 |       |  |   |      |                    |  |      |  |  |                |                       |  |                |  |  |               |                |  |               |  |  |       |   |                                 |       |  |   |      |               |  |      |  |  |                |                       |  |                |  |  |               |          |  |               |  |  |       |    |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |