| ANNUAL REPORT 1997 Second of State Dysion or COPORTIONS Coconditions C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | COPPORATION ANUAL REPORT B97                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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PARDO-SANSON M.D., P.A.  Toget Place of Extenses Record of Stee Record of Record of Stee Record of Reco                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | W: FILING FEE               | AFTER MAY              | 1 IS \$5      | 550.00                                                                               |                                        | ILED                   |            |  |
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PARDO-SANSON M.D., P.A.       Image: Core of Business         Core of Business       Mating Address         Rows with some of Business       Mating Address         Income of Business       Mating Address         Basiss       The Core of Business         Income of Business       Mating Address         Basiss       The Core of Business         County       Ender of Business         County       Ender of Business         December of Address of County Basis       The Core of Business of County Basis         December of Address of County Basis       The Core of Business of Address of County Basis         December of Address of County Basis       The Core of Business of Address of County Basis         December of Address of County Basis       The County Basis     <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1997       Division or convertantions       Seccretality of State         DOCUMENT # 693934       (2)         OSVALIDO A. PARDO-SANSON M.D., P.A.         Provide of Numes       Multip Address         R CORN, WY, Suite 119       Multip Address         Num F, 3155       Provide Of Numes         R CORN, WY, Suite 119       Multip Address         Provide Of Numes       Provide Of Numes         R CORN, WY, Suite 119       Multip Address         Provide Of Num Control       Provide Of Numes         R Corn, WY, Suite 119       Multip Address         Provide Of Num Control       Provide Of Numes         R Corn, WY, Suite 119       Multip Address         Provide Of Num Control       Provide Of Numes         R Corn W, Suite 119       Provide Of Numes         State Attribute of Description       B. Description of Numes         City 3 State       Provide Ordenation         R Corn W, Marting Address of Current Provide Ordenation       Numes of Numes o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | ON                          | 8                      |               |                                                                                      | Feb 11 1                               | l 997 8:               | 00a        |  |
| COUNTENT # 6939334 (2)     Compare Name     Construction Manue     Construction Manue     Construction Manue     Construction     Solution     Ander Address     Construction     Constructi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OCUMENT # 693934       (2)         SSVALDO A. PARDO-SANSON M.D., P.A.       Image: Address         Committee of Bunnese       Mallion Address         Committee of Bunnese       B. Mallion Address         State Address       S. Dutin Incorportated or Cualified         Base State       B. Dutin Incorportated or Cualified         Committee of Bunnese       B. Mallion Address         Base State       Col & State         Col & State       Col & State         State Address of Commit Registeria digmt       B. Name and Address of Commit Registeria digmt         MALE State       Col & State         County       State Address of Commit Registeria digmt         MALE State       County         State Address of County Registeria digmt       B. Name and Address of County Registeria digmt         MALE State       County         State Address of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | COCUMENT # 693934 (2)         COCUMENT # 693934 (2)         COCUMENT # 693934 (2)         COSVALOO A. PARDO-SANSON M.D., P.A.         State of flastese.         State of flastese.         State of flastese.         State of flastese.         State Activese         <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | ORT                         | DIMIS                  |               |                                                                                      | Secret                                 | Secretary of State     |            |  |
| Maining Andreas Book WAX, Suff 119 MAN F, 35155-635                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Principal Prace of Business     Maing Address       III P. 2015     Too Code, WAY, Suffer 119       III P. 2015     Address of Business       Principal Prace of Business     Za, Maing Address       Table Concernents     Sale Control       Sale Control     Za       Table Concernents     Sale Control       Table Concernents <th>Maining Address Maining Address Kooke WAX, SURE 119 Main FL 30155 Main FL 3015 Mai</th> <th>OCUMENT</th> <th></th> <th>(2</th> <th>•</th> <th></th> <th></th> <th></th> <th></th> | Maining Address Maining Address Kooke WAX, SURE 119 Main FL 30155 Main FL 3015 Mai                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OCUMENT                                                                |                             | (2                     | •             |                                                                                      |                                        |                        |            |  |
| Jai FL 2315     MAU FL 2515-SS39       Principal Place of Functions     2a. Maling Address       2a. Maling Address     4. FEI Number       2bite, Apr A etc.     500, Apr A etc.       2bite, Apr A etc.     500, Apr A etc.       2bite, Apr A etc.     500, Apr A etc.       2city 5 State     Curring a Place of Functions       2city 5 State     Curring a Place of State of Last Report       2city 5 State     Curring a Place of Functions       2city 5 State     Curring a Place of State of Last Personal Place of State of Current Propression and State of State of Current Propression and State of State of Current Propression and State of Current Propression and State of Current Propression and State of Current Propression of State of Current Propression of State of Current Propression and State of Current Propression and Current Propre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Aligned Parce of Buseness     A. Main P. 33155-6339      Aut # 1, 33155     Aut # ct:     Aut #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | All IF, 3015       MAM IF, 30155         All IF, 3015       MAM IF, 30155         Principal Place of Business       2.       Astimp Address       4. FEI Number<br>Stetz AV & etc.       3. Data Incorporated or Qualified<br>06/20/19065       3. Data Incorporated or Qualified<br>06/20/19065         Stetz AV & etc.       2.       Maing Address of<br>Stetz AV & etc.       5.00 Mpi B<br>Stetz AV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |                             | •                      |               |                                                                                      |                                        |                        |            |  |
| OT/10/1981         Og/20/1996           Principal Tacco & Business         24. Mailing Address         4. FE FU Number         Applied for.           Suite. APr # 0:0:         28         Suite. Apl. #, etc.         5. Centificate of Statute Desired         7. Nex Applied for.           City & State         27         Current Statute         5. Centificate of Statute Desired         7. Nex Applied for.           2017         28         29         Country         2. Point Statute         5. Conflicate of Statute Desired         7. Nex Applied for.           217         20         Country         2. Point Statute         7. Nex Applied for.         8. This corporation here baships for imanify the usuador is 1980.02.           217         20         Country         2. Point Statute         7. Nex Applied for.         1. Nex Applied for.           22         20         20         Country         1. Nex Applied for.         1. Nex Applied for.         1. Nex Applied for.           4         City         2. Do Country         2. Do Country         1. Nex Applied for.         1. Nex Applied for.           4         City         Country         2. Do Country         1. Nex Applied for.         1. Nex Applied for.           5. S. N. 36TH COURT         Not Applied for.         1. Nex Applied for.         1. Nex Applied for.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Or/10/1963         Od/20/1986           Charles of Business         28. Malling Additions         4. EEI Number         Applied Err           Solito, Appl. 4 pt. 4         Solito, Appl. 4, etc.         5. Conficient of Status Desired         7. Rockhold           City & State         20         Solito, Appl. 4, etc.         6. Conficient of Status Desired         7. Rockhold           City & State         20         Country         20         Country         7. Rockhold         7. Rockhold           g, Name and Address of Country         20         Country         7. Rockhold                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Off/10/1981         Ob/20/1986           Dirtle Arr # etc         28         4. FE Number         Applied FF           State Arr # etc         5. Certificate of Status Desired         fee Applied FF           City & State         29         State Arr # etc         5. Certificate of Status Desired         fee Applied FF           City & State         29         Country         20         State Arr # etc         5. Certificate of Status Desired         fee Applied FF           20         20         Country         20         Country         8. Election Campoing Financing         Astate and Address of Curon Registrated Agent         10. Name and Address of Chev Networks States         10. Name and Address of Chev Networks States           45 SW, 38TH COURT         10         Registrate Agent Agen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | AMI FL 33155                                                           |                             |                        |               |                                                                                      |                                        |                        |            |  |
| Zet         SeP 2107225         Not Applicat           Suite, Aut. # etc.         20         Suite, Apl. # etc.         Site, Apl. # etc.         Site, Apl. # etc.         Site, Applicat         Si                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Sale: Ap: # 612:     25     Sole: Ap: # 612:     5     Dist Applicable       City & State     27     Sole: Ap: # 612:     Control     B. Certificate of State Desired     Parts Accinence       City & State     28     Control     B. Election Cempaign Finanching     Accine Controlucion     Accine Controlucion<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Bit     Suide April • etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                             | ·····                  |               |                                                                                      | 07/10/1981                             |                        |            |  |
| 27     B. Cettilication Campaign Financing     Free Required       City & State     City & State     B. Election Campaign Financing     \$5.00 May Be       27/F     20     Country     27     Country     8. This corporation has tability to typicable two under s: 190.032, foods Statutes       9. Name and Address of Current Registered Agent     10. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent       104/2/2/ERORES, GABRIEL, ESO.     49     Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       104/2/2/ERORES, GABRIEL, ESO.     49     Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       104/2/2/ERORES, GABRIEL, ESO.     49     Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       104/2/2/ERORES, GABRIEL, ESO.     40     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       104/2/2/ERORES, GABRIEL, ESO.     40     10. Name and Address of New Registere Agent     10. Name and Address of New Registere Agent       104/2/2/ERORES, GABRIEL, ESO.     50     20     Color to the provisions of Section Registere Agent     10. Name and Address of New Registere Agent       104/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                                                                                                                                                                                                                                                                                                                                                                                    | 27     City & State     Fee Required     Fee Required       City & State     28     State Desired     State Desired     Fee Required       20     Country     27     Country     State Control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Principal Place of Busi                                                | ness                        |                        | ress          |                                                                                      |                                        |                        |            |  |
| City & State City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City & State  Ci                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | City 5 State     City 6 State     State     State Fund Control Local Control     Added to Fees       2/F1     Country     Z/P     Country     E. Election Campaign Financing     Added to Fees       2/F1     Country     Z/P     Country     E. This corporation has liability for imagination of the standard states of Country     E. Election Campaign Financing     Addet to Fees       2/F1     Country     Z/P     Country     E. This corporation has liability for imagination of the standard states of Country     E. Election Campaign Financing     Addet to Fees       2/F1     Country     Z/P     Country     E. This corporation has bability for imagination of the state of the s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Suite, Apt. #. etc.                                                    |                             | Suite, Apt. #          | , etc.        |                                                                                      |                                        | \$8.75                 | Additional |  |
| Zip         Zip         Country         Zip         Country         B. This corporation has liability for injangible fax under s. 198.002,<br>Florids Statutos         No         No <td>Zp         Country         Zp         Country         It is corporation has lability for transplote tax under is 199.002,<br/>Fordis Stutions         Name and Address of Current Registered Agent           DVZZEERONES, GABRIEL, ESO.<br/>45 S.W. 28 Th COURT<br/>MIAM FL 33135           45 S.W. 28 Th COURT<br/>MIAM FL 33135         41         Name         10. Name and Address of New Registered Agent           46         City         FL         68         20 Code           Pursuent to the provisions of Sections 607 0502 entry 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered<br/>agent. I ani hannity with, and acceptable)         FL         68         20 Code           Pursuent to the provisions of Sections 607 0502 entry 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered<br/>agent. I ani hannity with, and acceptable)         FL         68         20 Code           Pursuent to the provisions board or policit and plotted agent and the Name and Address (P.O. Box Number is Not Acceptable)         ENE         20 Code           Code or policit and all optimic agenciation (agenciation agenciation (agenciation agenciation (agenciation agenciation agenciation agenciation (agenciation agenciation (agenciation agenciation (agenciation agenciation (agenciation agenciation (agenciation agenciation (agenciation (agencia</td> <td>2/p       Country       Z/p       Country       Z/p       Country       Inits composition has lability to reproduce has under s. 199.03.<br/>Finded Saturds       Processor       Processor</td> <td>City &amp; State</td> <td>/ ··· ·····</td> <td>City &amp; State</td> <td>*****</td> <td></td> <td></td> <td></td> <td></td> | Zp         Country         Zp         Country         It is corporation has lability for transplote tax under is 199.002,<br>Fordis Stutions         Name and Address of Current Registered Agent           DVZZEERONES, GABRIEL, ESO.<br>45 S.W. 28 Th COURT<br>MIAM FL 33135           45 S.W. 28 Th COURT<br>MIAM FL 33135         41         Name         10. Name and Address of New Registered Agent           46         City         FL         68         20 Code           Pursuent to the provisions of Sections 607 0502 entry 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered<br>agent. I ani hannity with, and acceptable)         FL         68         20 Code           Pursuent to the provisions of Sections 607 0502 entry 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered<br>agent. I ani hannity with, and acceptable)         FL         68         20 Code           Pursuent to the provisions board or policit and plotted agent and the Name and Address (P.O. Box Number is Not Acceptable)         ENE         20 Code           Code or policit and all optimic agenciation (agenciation agenciation (agenciation agenciation (agenciation agenciation agenciation agenciation (agenciation agenciation (agenciation agenciation (agenciation agenciation (agenciation agenciation (agenciation agenciation (agenciation (agencia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2/p       Country       Z/p       Country       Z/p       Country       Inits composition has lability to reproduce has under s. 199.03.<br>Finded Saturds       Processor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City & State                                                           | / ··· ·····                 | City & State           | *****         |                                                                                      |                                        |                        |            |  |
| B. Name and Address of Current Registered Agent      DAZ BERGNES, GABRIEL, ESO.     45 SW, 33 SM H COURT MIAMI FL 33135      Pursuent to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statament for the purpose of changing its registere     agent 1 and flaring with, and accept the obligations of Section 607 605. Florida Statutes, the above-named corporation submits this statament for the purpose of changing its registere     agent 1 and flaring with, and accept the obligations of Section 607 605. Florida Statutes,      Statutes, the above-named corporation submits this statament for the purpose of changing its registere     agent 1 and flaring with, and accept the obligations of Section 607 605. Florida Statutes,      Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registere     agent 1 and flaring with, and accept the obligation of Section 607 605. Florida Statutes,      Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registere     agent 1 and flaring with, and accept the obligation of Section 607 605. Florida Statutes,      OFFICERS AND DIRECTORS II 12     OFFICERS AND DIRECTORS     I as many accept the obligation and the 4 accept and accept applications accept applications accept applications accept applications     Statutes, I as many accept applications     OFFICERS AND DIRECTORS     I as many accept applications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Bername and Address of Current Registered Agent     DiAZBERGNES, GABRIEL, ESO.     dS SW. 38TH COURT     MAMI FL 33135     Diaz Bernamed Corporation submits this statement for the provisions of Sections 00:005. Florida Statutes, the advectment of the provisions of Sections 00:005. Florida Statutes, the advectment of the provisions of Sections 00:005. Florida Statutes, the advectment of the provisions of Sections 00:005. Florida Statutes, the advectment of the provisions of Sections 00:005. Florida Statutes, the advectment of the provisions of Sections 00:005. Florida Statutes, the advectment of the provisions of Sections 00:005. Florida Statutes, the advectment of the provisions of Sections 00:005. Florida Statutes, the advectment of the provisions of Sections 00:005. Florida Statutes, the advectment of the provisions of Sections 00:005. Florida Statutes, the advectment of the provision of Sections 00:005. Florida Statutes, the advectment of the provision of Sections 00:005. Florida Statutes, the advectment of the provision of Sections 00:005. Florida Statutes, the advectment of the provision of Sections 00:005. Florida Statutes, the advectment of the provision of Sections 00:005. 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Florida Statutes, the advectment of the provision of the provision of the provision of statutes, the advectment of the provision of the advectment of the provision                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Zip                                                                    |                             | Ζιρ                    | 30            | - <sup>-</sup>                                                                       | 8. This corporation has liability for  | intengible tax under s |            |  |
| AS S.W. 38TH COURT     MAMI FL 33135      B2     Street Address (P.O. Box Number is Not Acceptable)      B3     B3     B4     Chy     FL     B5     Street Address (P.O. Box Number is Not Acceptable)      B3     B4     Chy     FL     B5     Street Address (P.O. Box Number is Not Acceptable)      B3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                             |                                                                        | and Address of Curren       |                        |               |                                                                                      |                                        |                        |            |  |
| MIAHI FL 33135                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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Box Number is Not Accental | hle)                   |            |  |
| 64         City         FL         65         Zip Code           Pursuant to the processore of Sections 607 0502 and 607.1506. Florids Statutes, the above named corporation submits this statement for the purposes of changing its registered agent. Land Lander State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Land Lander State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Land Lander Model agent and the appoint agent agent and the appoint agent agent and the appoint agent agen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Image: Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Land thanking with, and accept the obligations of, Section 607.0505, Florida Statutes.         Image: Purpose of the obligations of Section 607.0507. Florida Statutes.         Image: Purpose of the obligations of Section 607.0507. Florida Statutes.           NATUHE         Critical agent. Land thanking with, and accept the obligations of Section 607.0505, Florida Statutes.         MOTE Replaced are registered agent. Land thanking with, and accept the obligations of Section 607.0505, Florida Statutes.           NATUHE         Critical agent. Land thanking with and the floridas.         MOTE Replaced are registered agent. Park thanking with and the floridas.         MOTE Replaced are registered agent. Park thanking with and the floridas.           NATUHE         OFF Incers AND DIRECTORS IN 12         Intert         Creange         Additional accept and the floridas.           State 1, 200         Intert         Intert         Intert         Creange         Additional accept and the floridas.           State 1, 200         Intert         Intert         Intert         Intert         Intert           State 1, 200         Intert         Intert         Intert         Intert         Intert           State 1, 200         Intert         Intert         Intert         Intert         Intert           State 1, 200         Intert <td>Pursuent to the provisions of Sections 607 0502 and 607.1506. Forda Statutes, the above named corporation submits this statement for the purpose of changing its register agent. Lant Attimute with, and accept the obligations of Societion 607.0505, Florida Statutes.         Purpose of corporation's board of directors. I hereby accept the appointment as register agent. Lant Attimute with, and accept the obligations of Societion 607.0505, Florida Statutes.         Description of the purpose of the obligations of Societion 607.0505, Florida Statutes.           NATUHE         Crif ICERS AND DIRECTORS         18.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.           OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.           Status         DEF         11.0111.512.00         Detemp         Add           Status         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.         Detemp         Add           Status         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.         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Lant Attimute with, and accept the obligations of Societion 607.0505, Florida Statutes.         Purpose of corporation's board of directors. I hereby accept the appointment as register agent. Lant Attimute with, and accept the obligations of Societion 607.0505, Florida Statutes.         Description of the purpose of the obligations of Societion 607.0505, Florida Statutes.           NATUHE         Crif ICERS AND DIRECTORS         18.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.           OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.           Status         DEF         11.0111.512.00         Detemp         Add           Status         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.         Detemp         Add           Status         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.         Detemp         Add           Status         13.         10.0111.512.00         Change         Add           Status         13.         10.0111.512.00         Change         Add           Status         13.         10.0111.512.00         Change         Add           Status         13.0111.0111.512.00         Change         Add         10.01111.512.00         Change         Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |                             |                        |               |                                                                                      |                                        |                        |            |  |
| Pursuant to the provisions of Sachions 607 0502 and 607.1508. Florida Statutes. The above named comportion submits this staturent for the purposes of changing its registered agent or the the boligations of Sachions 60, Social 607, 0508. Florida Statutes. The above named comportion's board of directors. I hereby accept the appointment as registered agent or the the boligations of Sachions of Social 607, 0508. Florida Statutes. The above named comportion's board of directors. I hereby accept the appointment as registered agent or the boligations of Sachions of Social 607, 0508. Florida Statutes. The above named comportion's board of directors. I hereby accept the appointment as registered agent or the boligations of social 607, 0508. Florida Statutes. The appointment of the formation of the provide agent of the obligations of social 607, 0508. Florida Statutes. The appointment of the formation of the provide agent of the obligations of social 607, 0508. Florida Statutes. 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Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I and flaming its registered agent agent. I and flaming its registered agent agent. I and flaming its registered agent. I and flaming its                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Pursuant to the provisions of Sections 607.0502 and 607.1508. Floridal Statutes, the above named corporation's board of directors. I hereby accept the appointment as register against and accept the obligations of, Sociolin 607.0505, Floridal Statutes.  INATUFIF  Equivalent in the state of Floridal such change was authorized by the corporation's board of directors. I hereby accept the appointment as register against and accept the obligations of, Sociolin 607.0505, Floridal Statutes.  INATUFIF  Equivalent in the state of register against and the (appealse)  OFFICERS AND DIRECTORS  IST. 20  OFFICERS AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        |                             |                        |               |                                                                                      |                                        |                        | 0.1        |  |
| office or registered agent, or boh, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Soction 607.0505, Fiored Statutes.  NOTE Registered agent and take accept the obligations of, Soction 607.0505, Fiored Statutes.  NOTE Registered agent and take accept the obligations of, Soction 607.0505, Fiored Statutes.  NOTE Registered agent and take accept the obligations of, Soction 607.0505, Fiored Statutes.  NOTE Registered agent and take accept the obligations of, Soction 607.0505, Fiored Statutes.  NOTE Registered agent and take accept the obligations and take agent agent and take accept the approximate registrations and take accept the obligations of, Soction 607.0505, Fiored Statutes.  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Such change was subhorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I and Reacept the obligations of, Sociol 607, 4505, Florida Statutes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and indications of, Socion 607, 6056. Florida Statutes.         SINATURE       Sector hydro provide agent and the obligations of, Socion 607, 6056. Florida Statutes.         SINATURE       OFFICERS AND DIRECTORS         Sinature       OPFICERS AND DIRECTORS         It       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         PARDO-SANSON, OSVALDO A       12, NME         Tasts SW 22 ST       13, Sinet Address         MAMI FL       13, Sinet Address         VS1.2P       14, DIFF.ST.2P         Z       DELETE         Z       DELETE         Z       DELETE         Z       DELETE         Z       11, DIFF.         Z       Change         Add       22, NME         Z       DELETE         Z       11, DIFF.         Z       11, DIFF.         Z       11, DIFF.         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Z       24, CITY-ST.2P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        |                             |                        |               |                                                                                      |                                        | FL                     |            |  |
| E DP Change Addition of the second se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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CITY-SI-ZP       Change       Addition         E       DELETE       SITAET ADDRESS       SITAET ADDRESS       SITAET ADDRESS       SITAET ADDRESS<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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Lam familiar w<br>GNATURE<br>Signature type                     | vith, and accept the obliga | ations of, Section 607 | .0505, Florid | a Statutos.<br>egistered Agent signature req                                         | uired when reinstating)                | DATE                   | ·····      |  |
| EET ADDRESS       1.3 STREET ADDRESS         F. ST-2/P       1.4 CITY-ST-2/P         AE       2 NAME         22 NAME       23 STREET ADDRESS         VST-2/P       23 STREET ADDRESS         VST-2/P       24 CITY-ST-2/P         E       23 STREET ADDRESS         VST-2/P       24 CITY-ST-2/P         E       23 STREET ADDRESS         VST-2/P       24 CITY-ST-2/P         E       23 STREET ADDRESS         VST-2/P       34 CITY-ST-2/P         AE       32 STREET ADDRESS         VST-2/P       34 CITY-ST-2/P         AE       23 STREET ADDRESS         VST-2/P       34 CITY-ST-2/P         AE       23 STREET ADDRESS         VST-2/P       34 CITY-ST-2/P         AE       24 CITY-ST-2/P         AE       20 DELETE         STREET ADDRESS       43 STREET ADDRESS         V-ST-2/P       44 CITY-ST-2/P         AE       20 DELETE         STREET ADDRESS       52 NAME         STREET ADDRESS       52 NAME         VST-2/P       54 CITY-ST-2/P         E       52 NAME         STREET ADDRESS       54 CITY-ST-2/P         KEI ADDRESS       63                        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| #_ST-2P       IA CITY-ST-2IP         E       DELETE       21 TITLE         AE       23 STREET ADDRESS         (-ST-2IP       24 CITY-ST-2IP         E       DELETE         AE       23 STREET ADDRESS         (-ST-2IP)       24 CITY-ST-2IP         E       DELETE         AF       21 STREET ADDRESS         (-ST-2IP)       24 CITY-ST-2IP         AF       33 STREET ADDRESS         (-ST-2IP)       34 CITY-ST-2IP         AF       33 STREET ADDRESS         (-ST-2IP)       34 CITY-ST-2IP         E       0 DELETE         AE       33 STREET ADDRESS         (-ST-2IP)       34 CITY-ST-2IP         (-ST-2IP)       34 CITY-ST-2IP         (-E       0 DELETE         (-ST-2IP)       34 CITY-ST-2IP         (-ST-2IP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | sr. z.p.       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      Add       22 NAME         23 STREET ADDRESS         Y: S1-2P       24 CITY-S1-2P         E       DELETE         21 CITY-S1-2P         E       DELETE         Add       32 STREET ADDRESS         Y: S1-2P       24 CITY-S1-2P         E       DELETE         Add       32 NAME         S1 ADDRESS       33 STREET ADDRESS         Y: S1-2P       34 CITY-S1-2P         E       DELETE         44       DELETE         33 STREET ADDRESS       33 STREET ADDRESS         Y: S1-2P       34 CITY-S1-2P         E       DELETE         42 NAME       42 STREET ADDRESS         Y: S1-2P       44 CITY-S1-2P         E       DELETE         S1 STREET ADDRESS       42 STREET ADDRESS         Y: S1-2P       44 CITY-S1-2P         E       DELETE         S1 STREET ADDRESS       53 STREET ADDRESS         Y: S1-2P       53 STREET ADDRESS         Y: S1-2P       53 STREET ADDRESS         Y: S1-2P       53 STREET ADDRESS</td> <td></td> <td></td> <td>L .</td> <td></td> <td></td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | K: S1-2P       IA GITY-S1-2P         E       DELETE         21 TITLE       Change         Add       22 NAME         23 STREET ADDRESS         Y: S1-2P       24 CITY-S1-2P         E       DELETE         21 CITY-S1-2P         E       DELETE         Add       32 STREET ADDRESS         Y: S1-2P       24 CITY-S1-2P         E       DELETE         Add       32 NAME         S1 ADDRESS       33 STREET ADDRESS         Y: S1-2P       34 CITY-S1-2P         E       DELETE         44       DELETE         33 STREET ADDRESS       33 STREET ADDRESS         Y: S1-2P       34 CITY-S1-2P         E       DELETE         42 NAME       42 STREET ADDRESS         Y: S1-2P       44 CITY-S1-2P         E       DELETE         S1 STREET ADDRESS       42 STREET ADDRESS         Y: S1-2P       44 CITY-S1-2P         E       DELETE         S1 STREET ADDRESS       53 STREET ADDRESS         Y: S1-2P       53 STREET ADDRESS         Y: S1-2P       53 STREET ADDRESS         Y: S1-2P       53 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| E       DELETE       2.1 TITLE       Change       Addition         Addition       22 NAME       22 NAME       22 NAME         22 A CITY - ST-ZIP       24 CITY - ST-ZIP       Change       Addition         Addition       24 CITY - ST-ZIP       Change       Addition         Addition       22 NAME       24 CITY - ST-ZIP       Change       Addition         Addition       22 NAME       33 STREET ADDRESS       Change       Addition         Addition       22 NAME       33 STREET ADDRESS       Addition       Addition         Addition       22 NAME       33 STREET ADDRESS       Addition       Addition         Addition       24 CITY - ST-ZIP       Addition       Addition       Addition         Addition       24 CITY - ST-ZIP       Addition       Addition       Addition         Addition       0ELETE       4.1 TITLE       Change       Addition         Addition       4.2 NAME       4.3 STREET ADDRESS       4.4 STREET ADDRESS       4.5 STREET ADDRESS         (-ST-ZIP)                                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                                                                                                                                          | E ADALA C                                                              |                             |                        |               |                                                                                      |                                        |                        |            |  |
| LEE ADDRESS       23 STREET ADDRESS         L-ST-2IP       2 4 CITY-ST-2IP         E       DELETE         S1 TITLE       Change         Addition         LET ADDRESS         -ST-7IP         E       33 STREET ADDRESS         -ST-7IP       34 CITY-ST-7IP         E       DELETE         4. CITY-ST-7IP         E       DELETE         4. CITY-ST-7IP         E       DELETE         4. CITY-ST-7IP         E       DELETE         4. CITY-ST-7IP         Change       Addition         Addition       Addition         Addition       Addition         EEI ADDRESS       43 STREET ADDRESS         -S1-7IP       44 CITY-S1-7IP         Change       Addition         -S1-7IP       44 CITY-S1-7IP         Change       Addition         -S1-7IP       Change         -S1-7IP       Addition         -S1-7IP       Change         -S1-7IP       Change         -S1-7IP       Change         EEI ADDRESS       S3 STREET ADDRESS         -S1-7IP       S4 CITY-S1-7IP         E       <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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     32 NAME         ST-2IP       34 CITY-ST-2IP         ST-2IP       34 CITY-ST-2IP         ST-2IP       34 CITY-ST-2IP         E       0 DELETE         ST-2IP       34 CITY-ST-2IP         E       0 DELETE         41 TITLE       1 Change         Addition         E       0 DELETE         41 TITLE       1 Change         Addition         E       0 DELETE         41 TITLE       1 Change         Addition         E       0 DELETE         51 ZIP       44 CITY-ST-ZIP         E       0 DELETE         51 ZIP       44 CITY-ST-ZIP         E       0 DELETE         51 ZIP       54 CITY-ST-ZIP         E       0 DELETE         51 ZIP       54 CITY-ST-ZIP         E       0 DELETE         61 TITLE       1 Change         51 ZIP       54 CITY-ST-ZIP         E       1 DELETE         61 TITLE       1 Change <td>EET ADDRESS       23 STRET ADDRESS         -ST-2IP       24 CITY-ST-2IP         E       DELETE         1 DELETE       31 TILE         32 MME       32 MME         ST-2IP       34 CITY-ST-2IP         E       33 STRET ADDRESS         .ST-2IP       34 CITY-ST-2IP         E       DELETE         1 DELETE       34 NITLE         E       DELETE         4 CITY-ST-2IP         Change       Add         E       DELETE         4 CITY-ST-2IP         E       DELETE         4 CITY-ST-2IP         Change       Add         E       DELETE         4 CITY-ST-2IP         Change       Add         ST-2IP       44 CITY-ST-2IP         E       DELETE         STRET ADDRESS       53 STRET ADDRESS         -ST-2IP       -         E       DELETE         51 ZIP       -         E       DELETE         ST 2IP       -         E       -         ST 2IP       -         E       -         ST 2IP       -         Change</td> <td></td> <td></td> <td></td> <td>ELETE</td> <td></td> <td><u></u></td> <td>Change</td> <td>Additio</td>                                                                                                                                                                                                           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| EET ADDRESS       4.3 STREET ADDRESS         (-SI-ZIP       44 CITY-SI-ZIP         E       DELETE       5.1 TITLE         AE       52 NAME         EET ADDRESS       53 STREET ADDRESS         Y-SI-ZIP       54 CITY-ST-ZIP         E       DELETE         61 TITLE       Change         Addition       Addition         AE       53 STREET ADDRESS         Y-SI-ZIP       54 CITY-ST-ZIP         E       DELETE       61 TITLE         AE       62 NAME         EET ADDRESS       63 STREET ADDRESS         Y-SI-ZIP       63 STREET ADDRESS         Y-SI-ZIP       64 CITY-SI-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | EET ADDRESS       4.3 STREET ADDRESS         _ST-ZIP       4.4 CITY-ST-ZIP         E       DELETE         S1 TITLE       Change         Addition         EET ADDRESS         S1-ZIP         I do hereby certify 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 accurate and that my signature shall have the same legal effect as if made under oath; th en and accurate and that my signature by Chabler 607. Florida Statutes; and that my name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | EET ADDRESS       4.3 STREET ADDRESS         (-ST-ZIP       44 CITY-ST-ZIP         t       DELETE         AE       5.1 TITLE         EET ADDRESS       5.3 STREET ADDRESS         (-ST-ZIP)       5.1 TITLE         AE       5.3 STREET ADDRESS         (-ST-ZIP)       5.4 CITY-ST-ZIP         EET ADDRESS       5.4 CITY-ST-ZIP         EET ADDRESS       5.4 CITY-ST-ZIP         E       DELETE       6.1 TITLE         AE       Change       Add         AE       5.4 CITY-ST-ZIP         E       DELETE       6.1 TITLE         AE       6.2 NAME         6.4 CITY-ST-ZIP       Change         AE       6.3 STREET ADDRESS         (-ST-ZIP)       6.4 CITY-ST-ZIP         I DELETE       6.1 TITLE         I DELETE       6.1 TITLE         I Add       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 indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath tarmy signature shall have the same legal effect as it made under oath tarmy signature shall have the same l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                             |                        | ELETE         | 4.1 TITLE                                                                            | <br>                                   | Change                 | 🗌 Additio  |  |
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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 indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath in order oath the receiver or trustee empowered to execute this report of as required by Chapter 607. Florida Statutes, and that my name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                             |                        |               |                                                                                      |                                        | ,                      |            |  |
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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 effort as if made under oath; the information of the corporation or threceiver or trustee empowered to execute this report as required by Chaoter 607, Florida Statutes; and that my annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effort as if made under oath; the information of the corporation or the receiver or trustee empowered to execute this report as required by Chaoter 607, Florida Statutes; and that my annual report or supplemental annual report or trustee empowered to a secute this report as required by Ch                                                                                                                                                  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| Street ADDRESS     53 STREET ADDRESS       -S1-ZIP     54 City - S1-ZiP       E     DELETE       61 Title     Change       62 NAME       63 STREET ADDRESS       -S1-ZiP       64 City - S1-ZiP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | EET ADDRESS       5.3 STREET ADDRESS         -S1-ZIP       5.4 CITY - ST-ZIP         E       DELETE         6.1 TITLE       Change         Addition         FE       Change         Addition         FE       Change         Addition         FE       Change         Addition         FE       Change         -S1-ZIP       Change         -S1-ZIP       Change         -S1-ZIP       Change         -S1-ZIP       Change         - 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 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; th end information or the corporation or three receiver or trustee empowered to execute this report as required by Chaoter 607, Florida Statutes; and that my name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | EET ADDRESS       53 STREET ADDRESS         -SJ-ZIP       54 CITY-ST-ZIP         E       DELETE         61 TiTLE       Change         Address       63 STREET ADDRESS         -SI-ZIP       61 TiTLE         IE       DELETE         63 STREET ADDRESS       63 STREET ADDRESS         -SI-ZIP       63 STREET ADDRESS         -SI-ZIP       64 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 indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath that my signature shall have the same legal effect as if made under oath that my name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        |                             |                        | ELETE         |                                                                                      | · · · · · · · · · · · · · · · · · · ·  | Change                 | Additio    |  |
| 54 CITY - ST - ZIP         54 CITY - ST - ZIP           E         DELETE         61 TiTLE         Change         Addit           I/E         62 NAME         63 STREET ADDRESS         63 STREET ADDRESS         40 CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | - ST-ZIP  E  ST-ZIP  E  DELETE  DELETE  St CITY-ST-ZIP  C  Change  Additic  C  C  C  C  C  C  C  C  C  C  C  C  C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | S1-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        |                             |                        |               | 5.2 NAME                                                                             |                                        |                        |            |  |
| E Change DELETE 61 Title Change Additi<br>NE 62 NAME<br>EEI ADDRESS 63 STREET ADDRESS<br>F-ST-ZIP E4 City - ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | E DELETE 61 TITLE Change Addition<br>Tet ADDRESS<br>-ST-ZIP<br>- 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. 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Florida Statutes; and that my name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | E DELETE 61 TITLE Change Add<br>TE 62 NAME<br>62 NAME<br>63 STREET ADDRESS<br>- ST-ZP<br>- ST- | IE                                                                     |                             |                        |               |                                                                                      |                                        |                        |            |  |
| 6 2 NAME<br>6 2 NAME<br>6 3 STREET ADDRESS<br>6 3 STREET ADDRESS<br>6 4 City - St - ZiP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | EE       62 NAME         EET ADDRESS       63 STREET ADDRESS         -ST-ZP       6.4 CITY-ST-ZIP         1 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. 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| EET ADDRESS<br>6-3 STREET ADDRESS<br>6-4 City - St - ZiP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | EET ADDRESS<br>-ST-ZP<br>- T do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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ZIP)<br>- SI - ZIP<br>- 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<br>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<br>i an 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EET ADDRESS<br>(- 51 - 21P                                             |                             |                        | ETE           | 54 CITY-ST-ZIP                                                                       |                                        | Change                 | Addain     |  |
| £.4 CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP<br>-SI-ZP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Y-ST-ZP<br>I. 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<br>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<br>i an 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | KEET ADDRESS<br>Y - 51 - ZIP<br>.E                                     |                             |                        | ELETE         | 54 CITY-ST-ZIP<br>61 TITLE                                                           |                                        | Change                 | Additio    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | . 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| information indicated on this aprual report or supplemental aprual report is true and accurate and that my signature shall have the same lenat effect as if made under oath t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | i any an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; 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