DOCUMENT # 697748 TRINDAD CONSTRUCTION CORP.  Initian A states Trindball CONSTRUCTION CORP.  Initian A states Initian A stat	PROFIT CORPORATION ANNUAL REPORT 1999	Kath Secn	PARTMENT OF STATE erine Harris etary of State DF CORPORATIONS	FIL Jan 21, 19 Secretar	999 8:0 y of St	tate
		<b>B</b> (1)		01-21-1999 900	25 025 ***158	.75
	TRINIDAD CONSTRUCTION CORP			· · · · · · · · · · · · · · · · · · ·		
Integration of to do the control of						
DUTH MAMI FL 3143         SOUTH MAMI FL 3143         DO NOT WRITE IN THIS SPACE           Principal Place of Business         3a. Mailing Address         4. Ell Number         Applied Colloging Collogin		-			41 01013 03051 01011 01015 	BAUD BAUSS (MD)
3. Date incorporate Consulted 000006/1981       0. Date incorporate Consulted 00006/1981       0. Applied Ecr.         Suite, Apt. #, etc.       32. Mailing Address       4. FEI Number 59-2121380       Applied Ecr.         Suite, Apt. #, etc.       52. Additional res Rogued       59-2121380       Applied Ecr.         Cry & State       City & Stato       6. Centricate of Status Desired       55. 200 May Be Added to Fee         Zp       Country       Zp       Country       8. This corporation over the current year Intergoties Added to Fee         Zp       Country       Zp       Country       8. This corporation over the current year Intergoties Added to Fee         30       With Applied Status       10. Name and Address of Current Registered Agent       10. Name and Address of Current Registered Agent         ALCURIA, RODOLFO       131       Name       10. Name and Address of Current Registered Agent         SUDH MMAR, FL       31       Name       10. Name and Address of Current Registered Agent         SUDH MMAR, FL       31       Name       10. Name and Address of Current Registered Agent         SUDH MMAR, FL       31       Street Address (FO. Box Number is Not Acceptation)         SUDH MMAR, FL       31       Address (FO. Box Number is Not Acceptation)         SUDH MMAR, FL       Street Address of Curent Reginstered Agent worth in the Status Friend Agent					THIS SPACE	
Principal Place of Business         21. Maing Address         42. FEI Number         Applies Print           Salite, Apl. #, etc.         Solite, Apl. #, etc.         59-2121380         MA Applie30           City & Statia         State, Apl. #, etc.         Schedule, Apl. #, etc.         Schedule, Apl. #, etc.           City & Statia         Country         Schedule, Apl. #, etc.         Schedule, Apl. #, etc.         Schedule, Apl. #, etc.           Zip         Country         20         Country         Schedule, Apl. #, etc.         Schedule, Apl. #, etc.           Zip         Country         8. This Coporation coves the current year Interrolible         Acade to Fees           Zip         Country         8. This Coporation coves the current year Interrolible         Yea           ALCURIA, RODOLFO         81         Name         Acade to Fees           SUUT MAMAR, FL, 200         20         Street Address of New Registered Agent         Yea           SUUT MAMAR, FL, 200         20         Street Address of New Registered Agent         Yea           SUUT MAMAR, FL, 200         20         Street Address of New Registered Agent         Yea           SUUT MAMAR, FL, 200         Street Address (P.O. Box Namber is Not Acceptable)         Street Address (P.O. Box Namber is Not Acceptable)           SUUT MAMAR, FL, 2000         CoreFeeeeeeeeeee		·		3. Date Incorporated or Qualifed		
Suite. Apt. 4, etc.     28     Suite. Apt. 4, etc.     59-2121380     tot. Applicable       City & State     21     S. Certificate of State Desired     State Applicable       City & State     City & State     6. Election Campaign Financing     State Applicable       Zip     Zip     Country     Zip     State Financing     State Address       Zip     Zip     Zip     Country     B. This corporation cores the current year Interglole     Mico       2ip     Zip     Tot. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     11. Name and Address of New Registered Agent       3133     30     State Street Address (P.O. Box Number is Not Acceptable)     State Street Address (P.O. Box Number is Not Acceptable)       SUITH MIAMI, FL     33143     44     City     Elestion Campaign Einschlieft       Chrunge Internet With ind acceptable     State Street Address (P.O. Box Number is Not Acceptable)     State Street Address (P.O. Box Number is Not Acceptable)       SUITH MIAMI, FL     33143     44     City     Elestion Campaign Einschlieft       Corpuster Vitro of Sections 607 0502 and 607.1508, Finded Statutes, the above-named corporation statement for the purpose of denging is registered agent. Internet witry acceptable backets (P.O. Box Number is Not Acceptable)       Corpuster Vitro of process Autor of Sections 607 0502 and 607.1508, Finded Statutes, the above-named corporation statement for the purpos	Principal Place of Business	2a. Mailing Address				plied For
27       S. Certificate Organian Financing       Yee Required         City & State       City & State       S. DOI Navy Be         Zip       Country       Zip       S. DOI Navy Be         Zip       Country       Zip       Country       S. Doi Navy Be         Zip       Country       Zip       Country       B. This corporation oves the current year Intergloite         S. Name and Address of Current Registered Agent       Interformed Comporty, Tax.       W. Moo         ALCURIA, RODOLPO       Interformed Comporty, Tax.       W. Moo         SOUTH MIAMI, FL       Street Address of Nove Registered Agent       Interformed Comport, Tax.       W. Moo         SOUTH MIAMI, FL       Street Address (P.O. Box Number Is Not Acceptable)       Interformed Comport, Tax.       W. Moo         SOUTH MIAMI, FL       Street Address (P.O. Box Number Is Not Acceptable)       Interformed Comport, Tax.       W. Moo         Control Composition Street Good Composition Street Composition		26				ot Applicable
City & State       City & State       City & State       E. Electic negating Financing       Added to Fase         Zip       Country       Zip       Country       B. This corporation over the current year intergible       Made to Fase         Zip       Zip       Zip       Country       B. This corporation overs the current year intergible       Made to Fase         3. Name and Address of Current Registered Agent       1       Name and Address of New Registered Agent       Made to Fase         ALCURIA, RODOLFO       1       Name       Address (P.O. Box Number is Not Acceptable)       Made to Fase         SOUTH MAMI, FL       33       44       City       FL       as Zip Code         Provalent to the provisions of Section 60 00002 and S07 1608, Florida Statutes, the above-named corporation is board of directors. In the Statement for the purpose of changing to registered       Maters (P.O. Box Number is Not Acceptable)         SUTH MAMI, FL       33       44       City       FL       as Zip Code         Provalent to the provisions of Section 60 00002 and S07 1608, Florida Statutes, the above-named corporation is board of directors. In the Statement for the purpose of changing to registered       Maters (P.O. Box Number is Not Acceptable)         OWATURE       Section 60 000002 and S07 1608, Florida Statutes, the above-named corporation is board of directors. In the statement for the purpose of the appointiment are registered	Suite, Apt. #, etc.			5. Certifcate of Status Desired	• -	
Zip       Country       Zip       Country       8. This corporation owes the current transplie       More         9. Name and Address of Current Registered Agent       10. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         ALCURIA, RODOLFO       81       Name       10. Name and Address (P.O. Box Number is Not Acceptable)         SUDTH MIAML, FL       83       84       City       FL       51       20 Code         1. Plansmant to the provisions of Sectione 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits his statement for the purpose of changing its registered agent, and mains win, and acceptable to bolgations (Section 667.0502 and 607.1508, Florida Statutes, He above-named corporation's board of directors. I hereby accept the appointment as registered agent, and mains win, and acceptable to bolgations (Section 667.0506, Florida Statutes, He above-named corporation's board of directors. I hereby accept the appointment as registered agent, and mains win, and acceptable bolgations (Section 67.0506, Florida Statutes, He above-named corporation's board of directors. I hereby accept the appointment as registered agent. In minima win, and acceptable ho obligations of Section 67.0506, Florida Statutes, He above-named corporation's board of directors. I hereby accept the appointment as registered agent. In minima win, and acceptable ho obligations of Section 67.0506, Florida Statutes, He above-named corporation's board of directors. I hereby accept the appointment as registered agent. In minima win, and acceptable, Section 87.0506, Florida Statutes, He above-named corporation's board of directors. I hereby ac	City & State	City & State				
Suth Marken Sectors of Secto	Zip Country		Country			./
ALCURIA RODOLFO SILVE ALCURA RODOLFO B140 S W TWIN LAKES, DR SOUTH MIAMI, FL 33143 B4 City B4 City B4 City B5			30			No
11 <sup>11</sup> 6140 S W TWIN LAKES, DR SOUTH MIAM, FL 33143       2       Street Address (P.O. Box Number is Not Acceptable)         22       Street Address (P.O. Box Number is Not Acceptable)         23       34       City       FL			81 Name			
33143       44       City       FL       36       Zp Code         -Pursuant to the provisions of Sections 607.0502 and 607.1500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. and influence with an advisor of registered agent, and influence with a state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I and function for the purpose of changing its registered agent. I and function for the purpose of changing its registered agent. I and function for the purpose of change in advisor of 0505, Florida Statutes.       DAT         GNATURE       OFFICERS AND DIRECTORS IN 12       Intre       I			82 Street Add	ress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	
Bit       City       Es       Zip Code*         - 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, to which, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, to which, and accept the obligations of, Section 607.0505, Florida Statutes.       ORATURE       Date         Bigmann, trade optimistication and or majorized by the comparison applications of maintered generations of majorized by the comparison applications.       MOTE: Respirative tagent of the appointment as registered agent.       Date         Comparison of Section 607.0502       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12       Date         E       V       Implication trans of majorized by the obligations of a statutes.       Orher page and the respiration applications of a statutes.       Date         E       V       Implication applications of Section 607.0500       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.       Deleter         E       V       Implication applications of a statutes.       Implications of a statutes.       Deleter       13.         E       V       Implications of a statutes.         E       Columa       Statutes.	SOUTH MIAMI, FL		83	، <u>بر ۶۰ میں ۱۹۹۵ م</u> م <sup>ار</sup> ف از ۱۹۹۹ م		
agent. Tam tamilar with, and accept the obligations of. Section 607.0305, Hondo Statutes.  GNATURE	00110					
ALCURIA, FRANCISCO       12 MME         VEET ADDRESS       6140 S W TWIN LAKES, DR       13 STREET ADDRESS         YST-2P       SOUTH MIAMI, FL 00000       14 ctry-st-2P         LE       CPT       DELETE       21 TITLE         ME       ALCURIA, RODOLFO       22 NAME         SOUTH MIAMI, FL 00000       23 STREET ADDRESS         V-ST-2P       SOUTH MIAMI, FL 00000       23 STREET ADDRESS         V-ST-2P       SOUTH MIAMI, FL 00000       24 ctry-str-2P         E       S       DELETE       31 TITLE         ALCURIA, GEORGINA       32 NME       Change       Addition         KE       S       DELETE       31 TITLE       Change       Addition         KE       SUTH MIAMI, FL 00000       24 ctry-str-2P       Change       Addition         KE       SUTH MIAMI, FL 00000       34 ctry-str-2P       Change       Addition         KE       SUTH MIAMI, FL 00000       DELETE       31 TITLE       Change       Addition         KE       ODELETE       43 STREET ADDRESS       Change       Addition         KE       DELETE       51 TITLE       Change       Addition         KE       DELETE       51 TITLE       Change       Addition	Pursuant to the provisions of Sections 607.05	02 and 607.1508, Florida Sta e of Florida. Such change was ations of, Section 607.0505, I	tutes, the above-named corp s authorized by the corporation	poration submits this statement for the purp on's board of directors. I hereby accept the		
G140 S W TWIN LAKES, DR       13 STREET ADDRESS         SOUTH MIAMI, FL 00000       14 CITY-ST-ZIP         E       CPT       DELETE         ALCURIA, RODOLFO       22 NAME         EF ADDRESS       G140 S W TWIN LAKES DR       23 STREET ADDRESS         SOUTH MIAMI, FL 00000       24 CITY-ST-ZIP         E       ALCURIA, RODOLFO       22 NAME         ST-ZIP       DELETE       31 STREET ADDRESS         SOUTH MIAMI, FL 00000       24 CITY-ST-ZIP         E       SUTH MIAMI, FL 00000       24 CITY-ST-ZIP         E       ALCURIA, GEORGINA       32 NAME         SUTH MIAMI, FL 00000       34 CITY-ST-ZIP         E       SUTH MIAMI, FL 00000       34 CITY-ST-ZIP         E       SUTH MIAMI, FL 00000       34 CITY-ST-ZIP         E       Change       Addition         E       Change       Addition         SUTH MIAMI, FL 00000       34 CITY-ST-ZIP         SUTH MIAMI, FL 00000       34 CITY-ST-ZIP         E       Change       Addition         E       DELETE       51 STREET ADDRESS         ST-ZIP       STREET ADDRESS       S3 STREET ADDRESS         ST-ZIP       STREET ADDRESS       S3 STREET ADDRESS         ST-ZIP	Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SNATURE Signature: typed or printed name of registered ag	ations of, Section 607.0505, 1	tutes, the above-named corp s authorized by the corporation Florida Statutes.	d when reinstating)	ose of changing its appointment as re-	registered gistered
SOUTH MIAMI, FL 00000       14 cTY-ST-ZIP       CPT       Change       Addition         E       CPT       DELETE       21 TTLE       Change       Addition         AE       ALCURIA, RODOLFO       22 NAME       23 STREET ADDRESS	Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig GNATURE Signature: typed or printed name of registered ag OFFICERS A	ations of, Section 607.0505, 1 ent and tide if applicable. (NC ND DIRECTORS	tutes, the above-named corp s authorized by the corporation Florida Statutes. DTE: Registered Agent signature require 13. 1.1 TITLE	d when reinstating)	ATE RS AND DIRECTO	registered gistered
AE       ALCURIA, RODOLFO       22 NAME         G140 S W TWIN LAKES DR       23 STREET ADDRESS         K-ST-ZIP       SOUTH MIAMI, FL 00000       2.4 CITY-ST-ZIP         E       S       DELETE         ALCURIA, CEORGINA       32 NAME         SET ADDRESS       33 STREET ADDRESS         6140-S W TWIN LAKES, DR       33 STREET ADDRESS         SOUTH MIAMI, FL 00000       34, CITY-ST-ZIP         E       SOUTH MIAMI, FL 00000         SOUTH MIAMI, FL 00000       33, STREET ADDRESS         SOUTH MIAMI, FL 00000       34, CITY-ST-ZIP         E       DELETE         ALCURA, CEORGINA       33 STREET ADDRESS         SOUTH MIAMI, FL 00000       34, CITY-ST-ZIP         E       QUELETE         ALTTLE       Change         Addition       42, STREET ADDRESS         KST-ZIP       44, CITY-ST-ZIP         EET ADDRESS       53 STREET ADDRESS         KST-ZIP       S3 STREET AD	Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig GNATURE Signature: typed or printed nume of registered ag OFFICERS A LE V ALCURIA, FRANCISCO	ations of, Section 607.0505, 1 ent and tide if applicable. (NC ND DIRECTORS	tutes, the above-named corp s authorized by the corporation Florida Statutes. DTE: Registered Agent signature require 13. 1.1 ITTLE 1.2 NAME	d when reinstating)	ATE RS AND DIRECTO	registered gistered
EEET ADDRESS       6140 S W TWIN LAKES DR       2.3 STREET ADDRESS         SOUTH MIAMI, FL 00000       2.4 CITY-ST-ZIP         E       S       DELETE         ALCURIA, GEORGINA       32 NAME         6140 S. W. TWIN LAKES, DR       32 NAME         ALCURIA, GEORGINA       32 NAME         SOUTH MIAMI, FL 00000       34, CITY-ST-ZIP         Verstage       0 DELETE         41 TITLE       0 Change         Addition       4, CITY-ST-ZIP         E       0 DELETE         41       0 DELETE         42 NAME       43 STREET ADDRESS         43 STREET ADDRESS	Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig GNATURE Signature: typed or printed nume of registered ag OFFICERS A E. V ALCURIA, FRANCISCO HET ADDRESS 6140 S W TWIN LAKES, DR fr ST-ZIP SOUTH MIAMI, FL 00000	iations of, Section 607.0505, 1 Ient and title if applicable. (NC IND DIRECTORS	tutes, the above-named corp s authorized by the corporation Florida Statutes.	d when reinstating)	ATE RS AND DIRECTO	registered gistered
E       \$       DELETE       3.1 TTLE       Change       Addition         AE       32 NAME       32 NAME       33 STREET ADDRESS       Addition         6:40-S.W. TWIN LAKES, DR       33 STREET ADDRESS       33 STREET ADDRESS       Addition         C-ST-ZIP       SOUTH MIAMI, FL 00000       34, CITY-ST-ZIP       Addition         E       DELETE       4.1 TTLE       Change       Addition         AE	Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig GNATURE Signature: typed or printed nume of registered ag OFFICERS A LE V ALE V ALCURIA, FRANCISCO REET ADDRESS 6140 S W TWIN LAKES, DR SOUTH MIAMI, FL 00000 LE CPT	iations of, Section 607.0505, 1 Ient and title if applicable. (NC IND DIRECTORS	tutes, the above-named corp s authorized by the corporation Florida Statutes.	d when reinstating)	ATE RS AND DIRECTO	registered gistered
ALCURIA, GEORGINA EEET ADDRESS 6140-S, W. TWIN LAKES, DR 3.3 STREET ADDRESS 6140-S, W. TWIN LAKES, DR 3.3 STREET ADDRESS 64 CITY-ST-ZIP E EEET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP E E ADDRESS 6.5 STREET ADDR	Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig GNATURE Signature: typed or printed nume of registered ag OFFICERS A LE V ALCURIA, FRANCISCO ALCURIA, FRANCISCO 6140 S W TWIN LAKES, DR SOUTH MIAMI, FL 00000 LE CPT ALCURIA, RODOLFO 6140 S W TWIN LAKES DR	iations of, Section 607.0505, 1 Ient and title if applicable. (NC IND DIRECTORS	tutes, the above-named corp s authorized by the corporation Florida Statutes.	d when reinstating)	ATE RS AND DIRECTO	registered gistered DRS IN 12
SOUTH MIAMI, FL 00000       34. CITY-ST-ZIP         E       DELETE       4.1 TITLE       Change       Addition         AE       4.2 NAME       4.2 NAME       4.2 NAME         KEET ADDRESS       4.3 STREET ADDRESS       4.4 CITY-ST-ZIP       Change       Addition         E       DELETE       5.1 TITLE       Change       Addition         AE       S3 STREET ADDRESS       5.3 STREET ADDRESS       Addition         AE       S3 STREET ADDRESS       5.3 STREET ADDRESS       Addition         AE       S3 STREET ADDRESS       5.3 STREET ADDRESS       Addition         AE       S3 STREET ADDRESS       S3 STREET ADDRESS       Addition         FET ADDRESS       S3 STREET ADDRESS       S3 STREET ADDRESS       Addition         FET ADDRESS       S4 CITY-ST-ZIP       S4 CITY-ST-ZIP       Change       Addition         FE ADDRESS       S3 STREET ADDRESS       S4 CITY-ST-ZIP       Change       Addition         AE       S4 CITY-ST-ZIP       S4 CITY-ST-ZIP       S4 CITY-ST-ZIP       S4 CITY-ST-ZIP       S4 CITY-ST-ZIP         FET ADDRESS       S3 STREET ADDRESS       S3 STREET ADDRESS       S3 STREET ADDRESS       S4 CITY-ST-ZIP         FET ADDRESS       S4 CITY-ST-ZIP       S4 CITY-ST-ZIP       S	Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig GNATURE Signature: typed or printed nume of registered ag OFFICERS A LE V ME ALCURIA, FRANCISCO REET ADDRESS 6140 S W TWIN LAKES, DR SOUTH MIAMI, FL 00000 LE CPT ALCURIA, RODOLFO 6140 S W TWIN LAKES DR SOUTH MIAMI, FL 00000	Intions of, Section 607.0505, 1 Int and litle if applicable. (NC IND DIRECTORS DELETE	tutes, the above-named corp s authorized by the corporation Florida Statutes.	d when reinstating)	ATE RS AND DIRECTO Change	registered gistered
E DELETE 4.1 TITLE   AE 4.2 NAME   4.2 NAME 4.3 STREET ADDRESS   4.5T-ZIP 4.4 CITY-ST-ZIP   E DELETE   5.1 TITLE Change   Addition   AE   EET ADDRESS   4.6 CITY-ST-ZIP   EET ADDRESS   4.5T-ZIP   E   DELETE   5.1 TITLE   Change   Addition   5.2 NAME   5.3 STREET ADDRESS   4.5T-ZIP   E   DELETE   6.1 TITLE   Change   Addition   RE   Change   Addition   6.3 STREET ADDRESS   4.5T-ZIP	Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig GNATURE Signature: typed or printed nume of registered ag OFFICERS A LE V ALCURIA, FRANCISCO ALCURIA, FRANCISCO 6140 S W TWIN LAKES, DR SOUTH MIAMI, FL 00000 LE CPT ALCURIA, RODOLFO 6140 S W TWIN LAKES DR ALCURIA, RODOLFO 6140 S W TWIN LAKES DR SOUTH MIAMI, FL 00000 E S ALCURIA, GEORGINA	Intions of, Section 607.0505, 1 Int and litle if applicable. (NC IND DIRECTORS DELETE	tutes, the above-named corp s authorized by the corporation Florida Statutes. DTE: Registered Agent signature require 13. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 ITILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 ITILE	d when reinstating)	ATE RS AND DIRECTO Change	registered gistered
4.3 STREET ADDRESS     4.4 CTY-ST-ZIP       E	Pursuant to the provisions of Sections 607.05 office or régistered agent, or both, in the Stat agent. I am familiar with, and accept the oblig GNATURE Signature, typed or printed nume of registered ag OFFICERS A LE V ALCURIA, FRANCISCO 6140 S W TWIN LAKES, DR SOUTH MIAMI, FL 00000 LE CPT ALCURIA, RODOLFO 6140 S W TWIN LAKES DR SOUTH MIAMI, FL 00000 E S ALCURIA, GEORGINA 6140 S W TWIN LAKES, DR	Intions of, Section 607.0505, 1 Int and litle if applicable. (NC IND DIRECTORS DELETE	tutes, the above-named corp s authorized by the corporation Florida Statutes.	d when reinstating)	ATE RS AND DIRECTO Change	registered gistered
4.3 STREET ADDRESS     4.4 STREET ADDRESS       Y-ST-ZIP     4.4 CTY-ST-ZIP       LE     DELETE       5.1 TTLE     Change       Addition       AE     5.2 NAME       Street ADDRESS     5.3 STREET ADDRESS       Y-ST-ZIP     5.4 CTY-ST-ZIP       LE     DELETE       6.1 TTLE     Change       Addition       AE     6.3 STREET ADDRESS       Y-ST-ZIP     6.3 STREET ADDRESS       Y-ST-ZIP     6.3 STREET ADDRESS	Pursuant to the provisions of Sections 607.05 office or régistered agent, or both, in the Stat agent. I am familiar with, and accept the oblig GNATURE Signature, typed or printed name of registered ag OFFICERS A LE V ALCURIA, FRANCISCO 6140 S W TWIN LAKES, DR SOUTH MIAMI, FL 00000 LE CPT ALCURIA, RODOLFO 6140 S W TWIN LAKES DR SOUTH MIAMI, FL 00000 E S ALCURIA, GEORGINA 6140 S W TWIN LAKES, DR SOUTH MIAMI, FL 00000 E S ALCURIA, GEORGINA 6140 S W TWIN LAKES, DR SOUTH MIAMI, FL 00000	Internations of, Section 607.0505, 1 International Number of Applicable. (NC IND DIRECTORS DELETE DELETE DELETE	tutes, the above-named corp s authorized by the corporation Florida Statutes.	d when reinstating) D. ADDITIONS/CHANGES TO OFFICE	FL-         ose of changing its appointment as re-         ATE         RS AND DIRECTO         Change         Change         Change	registered gistered
E       DELETE       5.1 TITLE       Change       Addition         ARE       5.2 NAME       5.3 STREET ADDRESS       5.3 STREET ADDRESS         FEET ADDRESS       5.4 CITY-ST-ZIP       5.4 CITY-ST-ZIP         E       Change       DELETE       6.1 TITLE         RE       Change       Addition         RE       Change       Change         Change       Change       Addition         RE       Change       Change         Change       Change       Addition         RE       Change       Change         Change       Change	Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig GNATURE Signature: typed or printed nume of registered agent OFFICERS A ALCURIA, FRANCISCO 6140 S W TWIN LAKES, DR SOUTH MIAMI, FL 00000 E CPT ALCURIA, RODOLFO 6140 S W TWIN LAKES DR SOUTH MIAMI, FL 00000 E ALCURIA, GEORGINA 6140 S W TWIN LAKES, DR SOUTH MIAMI, FL 00000 E ALCURIA, GEORGINA 6140 S W TWIN LAKES, DR 6140 S W TWIN LAKES, DR	Internations of, Section 607.0505, 1 International Number of Applicable. (NC IND DIRECTORS DELETE DELETE DELETE	tutes, the above-named corp s authorized by the corporatin Florida Statutes.	d when reinstating) D. ADDITIONS/CHANGES TO OFFICE	FL-         ose of changing its appointment as re-         ATE         RS AND DIRECTO         Change         Change         Change	registered gistered
EET ADDRESS     5.3 STREET ADDRESS       /-ST-ZIP     5.4 CITY-ST-ZIP       E     20.0 4 (0) TE states       IDELETE     6.1 TITLE       IDELETE     6.2 NAME       GET ADDRESS     6.3 STREET ADDRESS       /-ST-ZIP     6.3 STREET ADDRESS       /-ST-ZIP     6.4 CITY-ST-ZIP	Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig GNATURE Signature: typed or printed nume of registered agent OFFICERS A LE V ALCURIA, FRANCISCO 6140 S W TWIN LAKES, DR SOUTH MIAMI, FL 00000 LE CPT ALCURIA, RODOLFO 6140 S W TWIN LAKES DR SOUTH MIAMI, FL 00000 E ALCURIA, GEORGINA 6140 S W TWIN LAKES, DR SOUTH MIAMI, FL 00000 E ALCURIA, GEORGINA 6140 S W TWIN LAKES, DR SOUTH MIAMI, FL 00000 E ALCURIA, GEORGINA 6140 S W TWIN LAKES, DR SOUTH MIAMI, FL 00000 E	Internations of, Section 607.0505, 1 International Number of Applicable. (NC IND DIRECTORS DELETE DELETE DELETE	tutes, the above-named corp s authorized by the corporatin Florida Statutes. DTE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	d when reinstating) D. ADDITIONS/CHANGES TO OFFICE	FL-         ose of changing its appointment as re-         ATE         RS AND DIRECTO         Change         Change         Change	registered gistered
AST-ZIP         54 CITY-ST-ZIP           E         AN A REAL AND	Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig GNATURE Signature: typed or printed nume of registered ag OFFICERS A E. V ALCURIA, FRANCISCO (EET ADDRESS F. ST-ZIP E. CPT ALCURIA, RODOLFO 6140 S W TWIN LAKES, DR SOUTH MIAMI, FL 00000 E. S ALCURIA, GEORGINA 6140 S W TWIN LAKES, DR 6140 S W TWIN LAKES, DR ALCURIA, GEORGINA 6140 S W TWIN LAKES, DR 6140 S W TWIN LAKES,	ations of, Section 607.0505, 1 Int and tille if applicable. (NC IND DIRECTORS DELETE DELETE DELETE DELETE	tutes, the above-named corp s authorized by the corporation Florida Statutes. DTE: Registered Agent signature require 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4, CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4, CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	d when reinstating) D. ADDITIONS/CHANGES TO OFFICE	FL         ose of changing its appointment as re-         ATE         RS AND DIRECTO         Change         Change         Change         Change         Change         Change	registered gistered DRS IN 12 Addition
RE     6.2 NAME       EET ADDRESS     6.3 STREET ADDRESS       4-ST-ZIP     6.4 CITY-ST-ZIP	Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig GNATURE Signature: typed or printed nume of registered ag OFFICERS A ALCURIA, FRANCISCO (ALCURIA, FRANCISCO (ALCURIA, FRANCISCO (ALCURIA, FRANCISCO (ALCURIA, FRANCISCO (ALCURIA, RODOLFO (ALCURIA, RODOLFO (ALCURIA, RODOLFO (ALCURIA, RODOLFO (ALCURIA, RODOLFO (ALCURIA, RODOLFO (ALCURIA, GEORGINA (ALCURIA, GE	ations of, Section 607.0505, 1 Int and tille if applicable. (NC IND DIRECTORS DELETE DELETE DELETE DELETE	tutes, the above-named corp s authorized by the corporation Florida Statutes. DTE: Registered Agent signature require 13. 1.1 TITLE 12.NAME 13.STREET ADDRESS 14.CITY-ST-ZIP 2.1 TITLE 22.NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4, CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4, CITY-ST-ZIP 5.1 TITLE 5.2 NAME	d when reinstating) D. ADDITIONS/CHANGES TO OFFICE	FL         ose of changing its appointment as re-         ATE         RS AND DIRECTO         Change         Change         Change         Change         Change         Change	registered gistered DRS IN 12 Addition
EET ADDRESS     6.3 STREET ADDRESS       6.57-ZIP     6.4 CITY-ST-ZIP	Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig GNATURE Signature: typed or printed nume of registered ag OFFICERS A LE V ALCURIA, FRANCISCO 6140 S W TWIN LAKES, DR SOUTH MIAMI, FL 00000 LE CPT ALCURIA, RODOLFO 6140 S W TWIN LAKES DR SOUTH MIAMI, FL 00000 E S ALCURIA, GEORGINA 6140-S W TWIN LAKES, DR 6140-S W TWIN LAKES, DR 6150-S W TWIN LAKES, DR	ations of, Section 607.0505, 1 Int and tille if applicable. (NC IND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	tutes, the above-named corp s authorized by the corporation Florida Statutes. DTE: Registered Agent signature require 13. 1.1 TITLE 12.NAME 13.STREET ADDRESS 14.CITY-ST-ZIP 2.1 TITLE 22.NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4.CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4.CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	d when reinstating) D. ADDITIONS/CHANGES TO OFFICE	FL         ose of changing its appointment as re-         ATE         RS AND DIRECTO         □ Change         □ Change         □ Change         □ Change         □ Change         □ Change         □ Change	registered gistered DRS IN 12 Addition
	Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig GNATURE Signature: typed or printed nume of registered ag OFFICERS A LE V ALCURIA, FRANCISCO 6140 S W TWIN LAKES, DR SOUTH MIAMI, FL 00000 LE CPT ALCURIA, RODOLFO 6140 S W TWIN LAKES DR SOUTH MIAMI, FL 00000 E S ALCURIA, GEORGINA 6140 S W TWIN LAKES, DR SOUTH MIAMI, FL 00000 E S ALCURIA, GEORGINA 6140-S W TWIN LAKES, DR Y-ST-ZIP SOUTH MIAMI, FL 00000 E ALCURIA, GEORGINA 6140-S W TWIN LAKES, DR Y-ST-ZIP SOUTH MIAMI, FL 00000 E ALCURIA, GEORGINA 6140-S W TWIN LAKES, DR Y-ST-ZIP E A RE EET ADDRESS (-ST-ZIP E	ations of, Section 607.0505, 1 Int and tille if applicable. (NC IND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	tutes, the above-named corp s authorized by the corporatin Florida Statutes. DTE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	d when reinstating) D. ADDITIONS/CHANGES TO OFFICE	FL         ose of changing its appointment as re-         ATE         RS AND DIRECTO         □ Change         □ Change         □ Change         □ Change         □ Change         □ Change         □ Change	registered gistered DRS IN 12 Addition
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig GNATURE Signature: typed or printed nume of registered ag OFFICERS A LE V ALCURIA, FRANCISCO 6140 S W TWIN LAKES, DR SOUTH MIAMI, FL 00000 LE CPT ALCURIA, RODOLFO 6140 S W TWIN LAKES DR SOUTH MIAMI, FL 00000 LE S ALCURIA, GEORGINA 6140 S W TWIN LAKES, DR SOUTH MIAMI, FL 00000 LE S ALCURIA, GEORGINA 6140-S W TWIN LAKES, DR SOUTH MIAMI, FL 00000 LE S ALCURIA, GEORGINA 6140-S W TWIN LAKES, DR SOUTH MIAMI, FL 00000 LE ADDRESS (-ST-ZIP E ALCURIA, GEORGINA 6140-S W TWIN LAKES, DR SOUTH MIAMI, FL 00000	ations of, Section 607.0505, 1 Int and tille if applicable. (NC IND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	tutes, the above-named corp s authorized by the corporation Florida Statutes. DTE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	d when reinstating) D. ADDITIONS/CHANGES TO OFFICE	FL         ose of changing its appointment as re-         ATE         RS AND DIRECTO         □ Change         □ Change         □ Change         □ Change         □ Change         □ Change         □ Change	registered gistered DRS IN 12 Addition