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City & State City & State 5. Certificate of Stati Zip Country Zip Country 6. Election Campaig Zip Zip Country 6. Election Campaig Trust Fund Contr 9. Name and Address of Current Registered Agent 10. Name and Address 9. Name and Address of Current Registered Agent 81 Name KRESSLY, GABY 82 Street Address (P.O. Box Number in 1633 N W 10TH AVE MIAMI FL 33136 83 84 City 1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation subm ts this state of Florida. Such change was authorized by the corporation subm ts this state of Elections 1. am familiar with, and accept the obligations of, Section 617.0503, F orida Statutes. IGNATURE Signature, typed or printed name of registered agen. and Life if applicable. (NO Election Cagnation subm ts this state of Interctors. 1. am familiar with, and accept the obligations of, Section 617.0503, F orida Statutes. ADDITI: DNS/CHAN REE Signature, typed or printed name of registered agen. and Life if applicable. (NO Election Cagnation subm ts this state of Interctors. 1. am familiar with, and accept the obligations of Section 617.0503, F orida Statutes. IGNATURE Signature, typed or printed name of registered agen. Int Life if applicable. (NO Electe Address (P.O. DICLES AND DIRECTORS Intecontes Agent si	s Desired Solution S
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Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Flor indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legofficar or director of the corporat on or the receiver or trustee empowered to execute this report as required by Chapter 617, Flor Block 12 or Block 13 if changed, or on an lattachment with an address, with all other like empowered.	