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I. Pursuant to the provisions of Sections 617/0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered citics or registered agent of both, mite State of Florida. Such change was submitized by the corporation's board of directors. I hereby accept the appointment as registered statutes. GMATURE Signature, here or purposed agent and the Avoidate OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 12 COFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 12 COFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 12 COFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 12 COFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 12 COFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 12 COFFICERS AND DIRECTORS 14. TAWE 24. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 12 COFFICERS AND DIRECTORS 8830 SW 72 ST. #B105 15. ST COFFICERS AND DIRECTORS 8830 SW 72 ST. #B105 15. ST 0 DELETE 11.11.E 24.4017.51.20 Change Addition 15. ST 0 DELETE 11.11.E 24.4017.51.20 Change Addition 15. ST 0 DELETE 15. THE 0 Change Addition 16. ST 17. ST.20 Change Addition 17. ST.20 Change Addition 18. STRET ADDRSS 19. ST 18. ST 18. ST 18. ST 19. ST 18. ST 18	MIAMI FI	. 33157			[83]		
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 a my name officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name	Pursuant I office or r agent I a IGNATURE _ IGNATURE _ IGN	egistered agent, or both, m familiar with, and acce Signature, typed or printed name OF PD GARCIA, LAZARD 8830 SW 72 ST. # MIAMI FL ST MARTIN, GLADIZ 17411 SW 109TH / MIAMI FL VT DECKER, DONALD 3538 PINETREE ST	in the State of Florid spt the obligations of, of registered egent and life i FICERS AND DIREC B105 AVE.	a. Such change was Section 617.0503, F applicable (NC TORS DELETE DELETE DELETE DELETE DELETE	Ites, the above-named corr authorized by the corpora forida Statutes. TE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 5.2 NAME	ition's board of directors. I hereby acce	PL
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