Apr 28, 2001 8:00 am [§] Secretary of State



	FEE 15 \$01.25	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7.0000 10 7 005	Department of otate	,	
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BLASCO, NATALIE 7155 W 2 COURT HIALEAH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change		10000 / 10000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HERNANDEZ, JOSE 3372 W 14 COURT HIALEAH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	Ò
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARO, GERTRUDIS 3372 W 14 COURT HIALEAH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOREDO, BALBINO 260 W 40 PLACE HIALEAH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLASCO, CARMEN 7155 W 2ND COURT HIALEAH FL	. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

DF (Braulio GutiERLEZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR