

DOCUMENT # F71726

Principal Place of Business	Mailing Address
412 NW 27TH AVE MIAMI FL 33125-3033	412 NW 27TH AVE MIAMI FL 33125-3033

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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Zip	Country	Zip	Country
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LEGRA, RAMON E 412 NW 27 AVE MIAMI FL 33125	Name
	Street Address (Full)
	City

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)

11.	OFFICERS AND DIRECTORS	12.
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Securities Exchange Act of 1934, and that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same effect as if I were the duly authorized officer or agent of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Securities Exchange Act of 1934, and that I am not a changed, or on an attachment with an address, with all other like empowered.

631532

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

O. Box Number is Not Acceptable)	
FL	Zip Code

d agent, or both, in the State of Florida.

when reinstating) _____ DATE _____

10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

[illegible]

CR2E034 (9/99)

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____