## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # F93000000801

COMMITTEE FOR ACCURACY IN MIDDLE EAST REPORTING IN AMERICA, INC.

## **FILED** Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90037 001 \*\*\*\*61.25

IN AMERICA, INC.	· 				•	
incipal Place of Business	Mailing Address		I TOURS THE TOUR THE SELL SELL SELL	48)(1 <b>13</b> )(1 <b>11</b> )) <b>1 1</b>	ALAN 1886 <b>(188</b> 1)	111111
) BOX 398362 AMI BEACH FL 33139	PO BOX 398362 MIAMI BEACH FL 33239 US	Landa e a				
	· .	<u> </u>	Date Incorporated or Qualified		·	
Principal Place of Business	2a. Mailing Address	•	02/03/1993			·
Principal Place of Business	26	<u> </u>	4. FEI Number		Applie	d For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	•	52-1332702		Not A	pplicable
Suite, Apr. #, 610.	27			7	\$8.75 Add	litional
City & State	City & State		5. Certifcate of Status Desired		Fee Requ	ired
City & Citals	28	O	6. Election Campaign Financing		\$5.00 M	ay Be
Zip Country	Zip	Country	Trust Fund Contribution	□. <u> </u>	Added to	ees
25	29 30	<u>)                                    </u>	10. Name and Address of New	Registered A	gent	
9. Name and Addres	s of Current Registered Agent	81 Name				
3 July 4	La propriata de la companya della companya della companya de la companya della co	· 1 - 1		toblo)	<del>-:</del>	
PURPLE COST VALUE OF THE STATE	- 1 - 2012 - 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	82 Street A	ddress (P.O. Box Number is Not Accept	(able)		
HORIN' FAFFI IN THE TANK	GY HICHMAL SAME IN THE STATE	`\				
4200 BISCAYNE BLVD	•	83		<u> </u>	las Zin Co	
3RD FLOOR	· ·	84 City		EL	85 Zip Co	
MIAMI FL 33137		i   -			hanging its re	enistered
agent. I am familiar with, and acce	pt the obligations of, Section 617.0503, Florid	Ja Statutus.		DATE		<del></del>
agent. I am familiar with, and acce	of registered agent and title if applicable. (NOTE: R	da Statutes.  Registered Agent signature in	aquired when reinstating) ADDITIONS/CHANGES TO C	DATE	D DIRECTOR	S IN 12
agent. I am familiar with, and accessiGNATURE Signature, typed or printed name 12. OI	pt the obligations of, Section 617.0503, Florid	Registered Agent signature re		DATE		S IN 12
SIGNATURE Signature, typed or printed name  12. OI	pt the obligations of, Section 617.0503, Florid of registered agent and title If applicable. (NOTE: R FFICERS AND DIRECTORS	Registered Agent signature n	aquired when reinstating)  ADDITIONS/CHANGES TO C	DATE	D DIRECTOR	S IN 12
agent. I am familiar with, and accessing agent. I am familiar with a second a	of registered agent and title if applicable. (NOTE: R	Registered Agent signature in 13.	aquired when reinstating) ADDITIONS/CHANGES TO C	DATE	D DIRECTOR	S IN 12
SIGNATURE  SIGNATURE  SIGNATURE  OI  TILE  AME  STREET ADDRESS  OTHER ADDRESS  ON A SOUTH POINTE	of registered agent and title if applicable. (NOTE: R	Registered Agent signature in  13.  1.1 TITLE  12 NAME  1.3 STREET ADDRESS	aquired when reinstating)  ADDITIONS/CHANGES TO C	DATE	D DIRECTOR	RS IN 12
agent. I am familiar with, and acce signature  Signature, typed or printed name  12. OI  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI BEACH FL	of registered agent and title if applicable. (NOTE: R	Registered Agent signature in 13.  1.1 TITLE  1.2 NAME	aquired when reinstating)  ADDITIONS/CHANGES TO C	DATE	D DIRECTOR	RS IN 12
SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OC  RUBIN, EVELYN  400 SOUTH POINTE  MIAMI BEACH FL  TITLE  VC	of registered agent and title if applicable. (NOTE: R FFICERS AND DIRECTORS  DELETE  DR., APT 2408	Registered Agent signature in  13.  1.1 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	aquired when reinstating)  ADDITIONS/CHANGES TO C	DATE	D DIRECTOR	RS IN 12
SIGNATURE  SIGNATURE  Signature, typed or printed name  12. OI  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  VC  NAME  RESNICK. PHYLLIS	of registered agent and title if applicable. (NOTE: R FFICERS AND DIRECTORS  DELETE  DR., APT 2408	Registered Agent signature in  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME	aquired when reinstating)  ADDITIONS/CHANGES TO C	DATE	D DIRECTOR	RS IN 12
SIGNATURE	pt the obligations of, Section 617.0503, Floridor of registered agent and title if applicable.  (NOTE: R FFICERS AND DIRECTORS  DELETE  DR., APT 2408	Registered Agent signature in  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	aquired when reinstating)  ADDITIONS/CHANGES TO C	DATE	D DIRECTOR  Change	RS IN 12 Addition
agent. I am familiar with, and acce signature  Signature, typed or printed name  12. OI  TITLE  VC  NAME  NAME  RESNICK, PHYLLIS  RESNICK, PHYLLIS	of registered agent and title if applicable. (NOTE: R FFICERS AND DIRECTORS  DELETE  DR., APT 2408  DELETE	Registered Agent signature in  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME	aquired when reinstating)  ADDITIONS/CHANGES TO C	DATE	D DIRECTOR	RS IN 12 Addition
Agent. I am familiar with, and accessing agent. I am familiar with a am familiar with	pt the obligations of, Section 617.0503, Floridor of registered agent and title if applicable. (NOTE: R FFICERS AND DIRECTORS  DELETE  DR., APT 2408  DELETE	Registered Agent signature in  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	aquired when reinstating)  ADDITIONS/CHANGES TO C	DATE	D DIRECTOR  Change	RS IN 12 Addition
AGENTURE SIGNATURE SIGNATU	pt the obligations of, Section 617.0503, Floridor of registered agent and title if applicable. (NOTE: R FFICERS AND DIRECTORS  DELETE  DR., APT 2408  DELETE  DR., APT 1004	Registered Agent signature in  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	aquired when reinstating) ADDITIONS/CHANGES TO C	DATE	D DIRECTOR  Change	RS IN 12 Addition
AND COLORS OF THE STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  VC  RESNICK, PHYLLIS  STREET ADDRESS  CITY-ST-ZIP  TITLE  D  NAME  RUBIN, EVELYN  400 SOUTH POINTE  MIAMI BEACH FL  WICK  MIAMI BEACH FL  TITLE  D  RUBIN, HERMAN  STREET ADDRESS  400 SOUTH POINTE  MIAMI BEACH FL  O  RUBIN, HERMAN	pt the obligations of, Section 617.0503, Floridor of registered agent and title if applicable. (NOTE: R FFICERS AND DIRECTORS  DELETE  DR., APT 2408  DELETE  DR., APT 1004	Registered Agent signature in  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	aquired when reinstating) ADDITIONS/CHANGES TO C	DATE	D DIRECTOR  Change  Change	Addition
TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  NAME  RESNICK, PHYLLIS  WIAMI BEACH FL  MIAMI BEACH FL	pt the obligations of, Section 617,0503, Floridor of registered agent and title if applicable.  OF registered agent and title if applicable.  (NOTE: R FFICERS AND DIRECTORS  DELETE  DR., APT 2408  DELETE  DR., APT 1004	Registered Agent signature in  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	aquired when reinstating) ADDITIONS/CHANGES TO C	DATE	D DIRECTOR  Change	Addition
SIGNATURE  ANAME  RUBIN, EVELYN  400 SOUTH POINTE  MIAMI BEACH FL  TITLE  VC  RESNICK, PHYLLIS  STREET ADDRESS  CITY-ST-ZIP  TITLE  D  RUBIN, HERMAN  STREET ADDRESS  CITY-ST-ZIP  TITLE  D  RUBIN, HERMAN  STREET ADDRESS  CITY-ST-ZIP  MIAMI BEACH FL  TITLE  TITLE  MIAMI BEACH FL  TITLE  TITLE  MIAMI BEACH FL  TITLE  TITLE  MIAMI BEACH FL	pt the obligations of, Section 617.0503, Floridor of registered agent and title if applicable. (NOTE: R FFICERS AND DIRECTORS  DELETE  DR., APT 2408  DELETE  DR., APT 1004	Registered Agent signature in  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	aquired when reinstating) ADDITIONS/CHANGES TO C	DATE	D DIRECTOR  Change  Change	Addition
OTTOS OF TIGOS OF THE STATE OF THE STREET ADDRESS CITY-ST-ZIP TITLE D STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL LYONS, NATALIE	of registered agent and title if applicable. (NOTE: R FFICERS AND DIRECTORS  DELETE  DR., APT 2408  DELETE  DR., APT 1004  DELETE	Registered Agent signature in 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	aquired when reinstating) ADDITIONS/CHANGES TO C	DATE	D DIRECTOR  Change  Change	Addition
SIGNATURE  MIAMI BEACH FL  SIGNATURE  SIGNATURE  MIAMI BEACH FL  DO  RUBIN, HERMAN  SIGNATURE  SIGNATURE  MIAMI BEACH FL  DO  SIGNATURE  SIGNATURE  MIAMI BEACH FL  DO  SIGNATURE  SIGNATUR	of registered agent and title if applicable. (NOTE: R FFICERS AND DIRECTORS  DELETE  DR., APT 2408  DELETE  DR., APT 1004  DELETE	Registered Agent signature in  13.  1.1 TITLE  12 NAME  13 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	aquired when reinstating) ADDITIONS/CHANGES TO C	DATE	D DIRECTOR Change Change	RS IN 12 Addition Addition Addition
OTTO OF THE PROPERTY OF THE PR	of registered agent and title if applicable.  Of registered agent and title if applicable.  FFICERS AND DIRECTORS  DELETE  DR., APT 2408  DELETE  DR., APT 1004  DELETE  DELETE	Registered Agent signature in 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	aquired when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS ANI	D DIRECTOR  Change  Change	RS IN 12 Addition Addition Addition
OTTOS OF TIGOS OF THE POINTS AGENTATURE  SIGNATURE  SIG	of registered agent and title if applicable. (NOTE: R FFICERS AND DIRECTORS  DELETE  DR., APT 2408  DELETE  DR., APT 1004  DELETE	Registered Agent signature in  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  4.1 STREET ADDRESS  4.4 CITY-ST-ZIP	aquired when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS ANI	D DIRECTOR Change Change	RS IN 12 Addition Addition Addition
ANAME  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  NAME  CORAL GABLES FI  TITLE  P  NAME  LEVIN, ANDREA	of registered agent and title if applicable.  Of registered agent and title if applicable.  FFICERS AND DIRECTORS  DELETE  DR., APT 2408  DELETE  DR., APT 1004  DELETE  DELETE	Registered Agent signature in 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	aquired when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS ANI	D DIRECTOR Change Change	RS IN 12 Addition Addition Addition
SIGNATURE SIGNAME SIGNATURE SIGNAME SIGNATURE SIGNATURE SIGNATURE MIAMI BEACH FL  D SIGNATURE MIAMI BEACH FL  TITLE SIGNATURE	of registered agent and title if applicable.  Of registered agent and title if applicable.  FFICERS AND DIRECTORS  DELETE  DR., APT 2408  DELETE  DR., APT 1004  DELETE  DELETE	Registered Agent signature in  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	ADDITIONS/CHANGES TO C	DATE DEFICERS ANI	D DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
SIGNATURE  SIGNATURE  SIGNATURE  12.  OI  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  D  RUBIN, EVELYN  400 SOUTH POINTE  MIAMI BEACH FL  TITLE  D  RUBIN, HERMAN  STREET ADDRESS  CITY-ST-ZIP  MIAMI BEACH FL  TITLE  D  RUBIN, HERMAN  STREET ADDRESS  CITY-ST-ZIP  TITLE  D  LYONS, NATALIE  STREET ADDRESS  CITY-ST-ZIP  TITLE  P  NAME  LEVIN, ANDREA  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  COPAL GABLES FI  TITLE  P  LEVIN, ANDREA	pt the obligations of, Section 617.0503, Floridon of registered agent and title if applicable.  FFICERS AND DIRECTORS  DELETE  DR., APT 2408  DELETE  DR., APT 1004  DELETE  DELETE	Registered Agent signature in 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	aquired when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS ANI	D DIRECTOR Change Change	RS IN 12 Addition Addition Addition Addition Addition
SIGNATURE  RUBIN, EVELYN  400 SOUTH POINTE  MIAMI BEACH FL  VC  RESNICK, PHYLLIS  STREET ADDRESS  CITY-ST-ZIP  MIAMI BEACH FL  TITLE  D  RUBIN, HERMAN  STREET ADDRESS  CITY-ST-ZIP  MIAMI BEACH FL  TITLE  D  RUBIN, HERMAN  STREET ADDRESS  CITY-ST-ZIP  MIAMI BEACH FL  TITLE  LYONS, NATALIE  STREET ADDRESS  CITY-ST-ZIP  CORAL GABLES FI  TITLE  P  NAME  STREET ADDRESS  CITY-ST-ZIP  NEWTONVILLE MA	pt the obligations of, Section 617.0503, Floridon of registered agent and title if applicable.  FFICERS AND DIRECTORS  DELETE  DR., APT 2408  DELETE  DELETE  DELETE  DELETE	Registered Agent signature in  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  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  6.1 TITLE	aquired when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS ANI	D DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
AND STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL TITLE STREET ADDRESS CITY-ST-ZIP TITLE D CANAME STREET ADDRESS CITY-ST-ZIP TITLE D CANAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL TITLE D CANAME CORAL GABLES FL TITLE D	pt the obligations of, Section 617.0503, Floridon of registered agent and title if applicable.  FFICERS AND DIRECTORS  DELETE  DR., APT 2408  DELETE  DELETE  DELETE  DELETE	Registered Agent signature in 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	ADDITIONS/CHANGES TO C	DATE DEFICERS ANI	D DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
SIGNATURE  AND COLUMN STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  CITY-ST-ZIP  TITLE  D  RUBIN, HERMAN  STREET ADDRESS  CITY-ST-ZIP  CORAL GABLES FI  TITLE  P  NAME  LEVIN, ANDREA  STREET ADDRESS  CITY-ST-ZIP  NAME  LEVIN, ANDREA  STREET ADDRESS  CITY-ST-ZIP  NAME  LEVIN, ANDREA  STREET ADDRESS  CITY-ST-ZIP  NEWTONVILLE MA	pt the obligations of, Section 617.0503, Floridon of registered agent and title if applicable.  FFICERS AND DIRECTORS  DELETE  DR., APT 2408  DELETE  DELETE  DELETE  DELETE	Registered Agent signature in 13.  1.1 TITLE 12 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 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	ADDITIONS/CHANGES TO C	DATE DEFICERS ANI	D DIRECTOR  Change  Change	S IN 12 Additio

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PERSONAL SE