NAME MACHADO, EMILIA C. 12 NAME STREET ADORESS 4800 RIVIERA DR. 13 STREET ADORESS CITY-ST-2IP CORAL GABLES FL 14 CITY-ST-2IP TITLE VT DELETE 21 TITLE NAME MACHADO, JULIO C. 22 NAME STREET ADORESS 4800 RIVIERA DR. 23 STREET ADORESS CITY-ST-ZIP CORAL GABLES FL 24 CITY-ST-ZIP TITLE DELETE 31 TITLE STREET ADORESS 4800 RIVIERA DR. 23 STREET ADORESS CITY-ST-ZIP CORAL GABLES FL 24 CITY-ST-ZIP TITLE DELETE 31 TITLE STREET ADORESS CORAL GABLES FL 24 CITY-ST-ZIP TITLE DELETE 31 TITLE STREET ADORESS 33 STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 34 CITY-ST-ZIP	COF ANNL	PROFIT PORATIC JAL REPO 1998			Secret	ARTMENT OF B. Morthan tary of State CORPORATI	1	Mar 30 Secret			
CORAL GABLES FL 3314 P 0 BXX 144822 US DO NOT WRITE IN THIS SPACE 3: Data indicated or Quillied US 3: Data indicated or Quillied US 2: Principal Pace of Business 2: Maning Address Sule, Apt #, etc. Sule, Apt #, etc. 2: One of Business 2: City 5 State 2: One of Business 2: One of Business 2: One of Duration of Business 2: One of Business 3: Date Address of Business 2: One of Business 3: Date Address of Duration of Busineses	ASTRA(e of Business		Ma	iling Address						
2. Principal Place of Busines 2a. Making Address 4. FE Number Applied Fer 5. Side, Apt #, etc. 2a. Suite, Apt #, etc. 2a. Suite, Apt #, etc. 59-2584(255 Intext Applied) City & State 2a. City & State 3a. 5. Certificate of State Desired 58.75 Additional City & State 2a. City & State 3a. 5. Certificate of State Desired 58.75 Additional Zity & State 2a. Country 2b. 5. Certificate of State Desired 58.75 Additional Zity & State 2a. Country 2b. State Address of State Desired 58.75 Additional Zity & State 2b. Country 2b. Country 8. Electon Campsign Financing Addet to Earth Address of New Registered Agent MACHADO, EMILLA C. 2b. 2b. Country 2b. Yes Yes Addet to Earth Address of Current Registered Agent 51. Name and Address of New Registered Agent 51. Name and Address of New Registered Agent 52.75 Additional MACHADO, EMILLA C. 2b. State Address (P.O. Box Number is Not Adceptable) 55.75 Additional 50.75 Country State Address (P.O. Date Address of New Registered Agent is registered A	CORAL GABLE			P (CO	O BOX 14-1832 DRAL GABLES FL 331	14				PACE	
Production Production <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th><u></u></th> <th></th> <th></th>									<u></u>		
Solie, Apli #, etc. Solie, Apli #, etc. Solie, Apli #, etc. Experiment Solie, Apli #, etc. Fee Required Fee Required Fee Required City & Statio Country 20 Country Station Added to Fees Zip 20 Country 20 Country Trust Fund Contribution Added to Fees Zip 20 Country 20 Station Trust Fund Contribution Added to Fees Xip 20 Country 20 Country Trust Fund Contribution Added to Fees Xip 20 Country 20 Country Trust Fund Contribution Added to Fees Xip 20 Country 20 Country Trust Fund Contribution Added to Fees Xip 20 Country 20 Country Xip Trust Fund Contribution Added to Fees Xip	_	lace of Busin	OSS		Mailing Address						
al 27 City & State Fee Required City & State 20 City & State City & State Added to Fues 20 20 20 20 Added to Fues Added to Fues 20 20 20 20 Added to Fues Added to Fues 21 28 29 30 Presonal Property Tax due June 30 Was No 40 RACHADO, EMILLA C. 40 Name and Address of New Registered Agent 10, Name and Address of New Registered Agent 40 4000 RWERA DR CORAL GABLES FL 33146 61 Name 62 City Color 62 City Color 62 City Color 62 City Color 63 City Color 64 City Color 65 City Color 65 City Color 65 City Color 65 City Color 66 City Color 66 City Color 67 City Color	Suite, Apt.	#, etc.			Suite, Apt. #, etc.	<u></u>				\$8.75	Additional
a) 2p Country 2p Country 2p Country 2p Country 1 Added to Free a) 2b			·······		City & State	·					
Image: State Address of Current Registered Agent Image: State Address of Current Registered Agent MACHADO, EMILIA C. 4800 RN/ERA DR CORAL GABLES FL 33146 Image: State Address of New Registered Agent Image: State Address of Socions 607 DS07 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the proposol of charging its registered agent. I am familiar with, and accept the obligations of Socion 607 0505. Florids Statutes, the above-named corporation submits this statement for the proposol of charging its registered agent. I am familiar with, and accept the obligations of Socion 607 0505. Florids Statutes, the above-named corporation submits this statement for the proposol of charging its registered agent. I am familiar with, and accept the obligations of Socion 607 0505. Florids Statutes. State Address 1 PS OFFICERS AND DIRECTORS I am Corporation Socions 607 0507 and 807 1508. Florids Statutes. Dott Timpeter Adgress address address registered agent. I am familiar with, and accept the obligations of Socion 607 0505. Florids Statutes. State Address 1 PS OFFICERS AND DIRECTORS I am Corporation Socion 607 0507 and 807 1508. Florids Statutes. State Address 1 PS OFFICERS AND DIRECTORS I am Corporation Socion 607 0507 and 807 1508. Florids Statutes. I am Corporation Socion 607 0507 and 807 1508. Florids Statutes. I am Corporation Socien 607 0507 and 807 1508. Florids Statutes. I am Corporation Socien 607 0505. Florids Statutes. I am Corporation Socien 607 0505. Florids Statutes. I am Corporation Socien 607 0507. Florids Statutes.			Country		Zip	Countr	v	· · · · · · · · · · · · · · · · · · ·		Added I	o Fees
MACHADO, EMILLA C. 4800 RM/ERA DR CORAL GABLES FL 33146 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 64 City 85 84 64 City 85 84 64 City 85 84 86 City 87 85 88 84 89 City 89 City 80 City 80 City 81 City 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 City 85 City 86 City 86 City 87 Corde City 86 City 86 City 87 Corde City 88 City 88 City 88 City 89 City 80 City 80 City 80 City 81 Addite 81 Addite 82 City 83 City	-n ·		25	29	-			Personal Property Tax due J	une 30. 🗌 🗌] Yes [
4600 RIVERA OR CORAL GABLES FL 33146 Image: Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Socions 607 0502 and 607 1606. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socion 607 0502, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Socion 607 0502, Florida Statutes Image: Corp.	MA(ered Agent	81	Name	10. Idame and Address of New	r negistered A	Aaur	
Image: state in the provisions of Societions 607 0502 and 607 1508; Florida Statutes, the above named or corporation submits this statement for the purpose of changing its registered agent. I am tamiliar with, and accept the obligations of, Societion 607 0505; Florida Statutes, Stat	480					82	Street Add	Iress (P.O. Box Number is Not Acce	ptable)		
Image: PS Image: Image: <thimage:< th=""></thimage:<>											
11. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Socion 607 0505, Florida Statutes, the submit and the obligation of the purpose are provided by the obligations of, Socion 607 0506, Florida Statutes, SIGNATURE Signatize the obligations of, Socion 607 0508, Florida Statutes, the appointment as registered agent, and accept the obligations of, Socion 607 0508, Florida Statutes, SIGNATURE Signatize the obligations of, Socion 607 0508, Florida Statutes, the appoint registered agent algobies registered agent algobies registered agent algobies registered agent. I and the submit as an addition of the approximation of the approxima	CO	RAL GABLE				83				_	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PS DELETE 11 TITLE Change Additio NAME 4800 RIVIERA DR. 12 STREET ADDRESS CORAL GABLES FL 14 CITY-ST-2P Change Additio TITLE VT DELETE 21 TITLE Change Additio NAME MACHADO, JULIO C. 22 MME 23 STREET ADDRESS CORAL GABLES FL Change Additio TITLE VT DELETE 21 TITLE Change Additio NAME 4800 RIVIERA DR. 23 STREET ADDRESS CORAL GABLES FL Change Additio TITLE DELETE 31 TITLE 24 CITY-ST-2P Change Additio STREET ADDRESS 00 RIVIERA DR. 24 CITY-ST-2P Change Additio STREET ADDRESS 00 ELETE 31 TITLE Change Additio NAME 33 STREET ADDRESS 00 ELETE 31 TITLE Change Additio NAME 0 DELETE 41 TITLE 0 Change Additio 0 Additio NAME 0 DELETE			S FL 33146	02 and 60 e of Florid	17. 1508, Florida Stati	84	City	poration submits this statement for t			
MAKE MACHADO, EMILLA C. 12 MAKE STREET ADDRESS 4800 RIVIERA DR. 13 STREET ADDRESS CITY-ST-2IP CORAL GABLES FL 14 CITY-ST-2IP TITLE VT DELETE 21 TITLE MACHADO, JULIO C. 4800 RIVIERA DR. 23 STREET ADDRESS COTY-ST-2IP CORAL GABLES FL 11 DELETE 21 TITLE COTY-ST-2IP CORAL GABLES FL 11 DELETE 31 TITLE 11 DELETE 31 STREET ADDRESS CITY-ST-2IP 24 CITY-ST-2IP 11 DELETE 31 STREET ADDRESS CITY-ST-2IP 34 CITY-ST-2IP 11 DELETE 41 TITLE 11 DELETE 41 TITLE 11 DELETE 41 TITLE 11 DELETE 41 TITLE 11 DELETE 51 TITLE	11. Pursuant I office or ri agent. I a SIGNATURE	to the provisi egistered ag m familiar wit	S FL 33146			utes, the above s authorized b Florida Statute	City e-named corp y the corpora s.		he purpose of ccept the appo		
STREET ADORESS 4800 RIVIERA DR. COTY-ST-ZIP 13 STREET ADORESS CTY-ST-ZIP VT DELETE 21 TITLE VIT DELETE 21 TITLE Change Addition NAME MACHADO, JULIO C. 22 NAME 35 STREET ADORESS Addition STREET ADORESS 4800 RIVIERA DR. 23 STREET ADORESS	11. Pursuant I office or n agent. I a SIGNATURE 12.	to the provision egistered ago m familiar wit Signature, typed o	S FL 33146	gent and litle it	fapplicable (NO 10RS	atutes, the above s authorized b Florida Statute DTE: Registered Ag 13.	City e-named corp y the corpora s.	ired when reinslating)	DATE DATE	changing it intment as	s registered registered
TITLE VT DELETE 21 TITLE Change Additio NAME MACHADO, JULIO C. 22 NAME 23 STREET ADDRESS CORAL GABLES FL Change Additio STREET ADDRESS CORAL GABLES FL 2.4 CITY-ST-2/P Change Additio MARE DELETE 3.1 TITLE Change Additio STREET ADDRESS 3.2 STREET ADDRESS Change Additio STREET ADDRESS 3.3 STREET ADDRESS Change Additio MARE DELETE 3.1 TITLE Change Additio MARE 3.2 STREET ADDRESS 3.2 STREET ADDRESS Compa Additio STREET ADDRESS 3.4 CITY-ST-ZIP Change Additio MARE DELETE 4.1 NTLE Change Additio NAME DELETE 4.1 NTLE Change Additio NAME DELETE 5.1 TITLE Change Additio NAME SIGNET ADDRESS SIGNET ADDRESS Crange Additio STRET ADDRESS SIGNET ADDRESS SIGNET ADDRESS Crange Additio NAME DELE	11. Pursuant I office or n agent. I a SIGNATURE 12. TITLE	to the provisi egistered ag m familiar wit signative typed PS	S FL 33146 ons of Soctions 607.05 nt, or both, in the State h, and accept the oblig or priviled name of registered ac OFFICERS AN	gent and litle it	fapplicable (NO 10RS	Utes, the abov s authorized b Florida Statute DTE: Registered Ag 13. 1.1 TitLE	City e-named corp y the corpora s.	ired when reinslating)	DATE DATE	changing it intment as	s registered registered
NAME MACHADO, JULIO C. 22 NAME STREET ADDRESS 4800 RIVIERA DR. 23 STREET ADDRESS COTY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 31 TITLE 31 TITLE STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP Change Additio NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 34 CITY-ST-ZIP TITLE DELETE 41 TITLE Change Additio NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE Change Additio NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 43 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Additio NAME STREET ADDRESS CITY-ST-ZIP Change Additio NAME STREET ADDRESS CITY-ST-ZIP	11. Pursuant I office or n agent. I ai SIGNATURE 12. TITLE NAME STREET ADORESS	to the provisi egistered ag m tamiliar wit Signature typed PS MACHAD 4800 RIM	S FL 33146 ons of Sections 607.05/ ant, or both, in the State h, and accept the oblig or printed name of registered ac OFFICERS AN O, EMILIA C. IERA DR.	gent and litle it	fapplicable (NO 10RS	84 utes, the abov s authorized b Florida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE	City e-named corj y the corpora s. ent signature requ	ired when reinslating)	DATE DATE	changing it intment as	s registered registered
CITY-ST-ZIP CORAL GABLES FL 2.4 CITY-ST-ZIP INTLE DELETE 3.1 TITLE NAME 32 NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE Addition 3.1 TITLE STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE ADELETE 4.1 TITLE STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE NAME 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP NAME S.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP NAME S.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP NAME S.4 CITY-ST-ZIP CITY-ST-ZIP 5.4 CITY-ST-ZIP	11. Pursuant I office or n agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	to the provisi egistered age m tamiliar wit Signature typed PS MACHAD 4800 RIV CORAL C	S FL 33146 ons of Sections 607.05/ ant, or both, in the State h, and accept the oblig or printed name of registered ac OFFICERS AN O, EMILIA C. IERA DR.	gent and litle it	fapplicatile (NK TORS DELETE	A4 A4 A5	City e-named corj y the corpora s. ent signature requ	ired when reinslating)	he purpose of a compare of the apportance of the	changing it intment as DIRECTOR	s registered registered S IN 12
NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition STREET ADDRESS CITY-ST-ZIP 33 STREET ADDRESS CITY-ST-ZIP Addition STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change DELETE STREET ADDRESS CITY-ST-ZIP Change Addition STREET ADDRESS CITY-ST-ZIP Change DELETE STREET ADDRESS CITY-ST-ZIP Change Addition STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Change Addition STREET ADDRESS CITY-ST-ZIP Change Addition NAME DELETE	11. Pursuant I office or n agent. I au SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Io the provisi egistered ag m familiar wit Signature typed PS MACHAD 4800 RIM CORAL C VT MACHAD	S FL 33146 ons of Sections 607.05/ ant, or both, in the State h, and accept the oblig of FICERS AN O, EMILIA C. IERA DR. DABLES FL O, JULIO C.	gent and litle it	fapplicatile (NK TORS DELETE	B4 utes, the above s authorized b Florida Statute 13 1.1 THLE 1.2 NAME 1.3 STREE 1.4 GIY- 2.1 TILE 2.2 NAME	City e-named corj y the corpora s. ent eignature requ t ADORESS ST-ZIP	ired when reinslating)	he purpose of a compare of the apportance of the	changing it intment as DIRECTOR	s registered registered S IN 12
STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Addition STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP DELETE DELETE Addition STREET ADDRESS CITY-ST-ZIP DELETE DELETE STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP <t< td=""><td>11. Pursuant i office or n agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>Io the provisi egistered age m tamiliar wit Signature typed PS MACHAD 4800 RIV CORAL C VT MACHAD 4800 RIV</td><td>S FL 33146 ons of Sections 607.05/ ant, or both, in the State h, and accept the oblig of FICERS AN O, EMILIA C. IERA DR. DABLES FL O, JULIO C. IERA DR.</td><td>gent and litle it</td><td>Applicatio (NC 10RS DELETE</td><td>B4 utes, the abover a suthorized b s authorized b Florida Statute 13 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 City- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 City-</td><td>City e-named corp y the corpora s. ent signature requi</td><td>ired when reinslating)</td><td>he purpose of a</td><td>changing it intment as DIRECTOR Change</td><td>s registered registered S IN 12 Additio</td></t<>	11. Pursuant i office or n agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Io the provisi egistered age m tamiliar wit Signature typed PS MACHAD 4800 RIV CORAL C VT MACHAD 4800 RIV	S FL 33146 ons of Sections 607.05/ ant, or both, in the State h, and accept the oblig of FICERS AN O, EMILIA C. IERA DR. DABLES FL O, JULIO C. IERA DR.	gent and litle it	Applicatio (NC 10RS DELETE	B4 utes, the abover a suthorized b s authorized b Florida Statute 13 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 City- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 City-	City e-named corp y the corpora s. ent signature requi	ired when reinslating)	he purpose of a	changing it intment as DIRECTOR Change	s registered registered S IN 12 Additio
TITLE DELETE 4.1 TITLE Change Additio NAME 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 44 CITY - ST - ZIP Change Additio TITLE DELETE 5.1 TITLE Change Additio NAME 5.2 NAME STREET ADDRESS Change Additio STREET ADDRESS 5.3 STREET ADDRESS Change Additio TITLE DELETE 5.1 TITLE Change Additio NAME 5.2 NAME STREET ADDRESS Change Additio TITLE DELETE 6.1 TITLE Change Additio NAME DELETE 6.1 TITLE Change Additio	11. Pursuant i office or n agent. I au SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Io the provisi egistered age m tamiliar wit Signature typed PS MACHAD 4800 RIV CORAL C VT MACHAD 4800 RIV	S FL 33146 ons of Sections 607.05/ ant, or both, in the State h, and accept the oblig of FICERS AN O, EMILIA C. IERA DR. DABLES FL O, JULIO C. IERA DR.	gent and litle it	Applicatio (NC 10RS DELETE	Autorized b Sauthorized b Florida Statute T3. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.9 STREE 2.4 CITY- 3.1 TITLE	City e-named corp y the corpora s. ent signature requi	ired when reinslating)	he purpose of a	changing it intment as DIRECTOR Change	s registered registered S IN 12 Additio
NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE STREET ADDRESS 5.4 CITY-ST-ZIP TITLE DELETE STREET ADDRESS 5.4 CITY-ST-ZIP TITLE DELETE STREET 6.1 TITLE NAME 6.2 NAME	11. Pursuant I office or n agent. I au SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Io the provisi egistered age m tamiliar wit Signature typed PS MACHAD 4800 RIV CORAL C VT MACHAD 4800 RIV	S FL 33146 ons of Sections 607.05/ ant, or both, in the State h, and accept the oblig of FICERS AN O, EMILIA C. IERA DR. DABLES FL O, JULIO C. IERA DR.	gent and litle it	Applicatio (NC 10RS DELETE	Additional and a set of the	City e-named corj y the corpora s. ent eignature requ t ADORESS ST-ZIP t ADDRESS ST-ZIP	ired when reinslating)	he purpose of a	changing it intment as DIRECTOR Change	s registered registered S IN 12 Additio
STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 44 CITY - ST - ZIP TITLE DELETE STREET ADDRESS 5.1 TITLE STREET ADDRESS 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE STREET ADDRESS 5.4 CITY - ST - ZIP TITLE DELETE Addition Addition STREET ADDRESS	11. Pursuant i office or n agent. I au SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Io the provisi egistered age m tamiliar wit Signature typed PS MACHAD 4800 RIV CORAL C VT MACHAD 4800 RIV	S FL 33146 ons of Sections 607.05/ ant, or both, in the State h, and accept the oblig of FICERS AN O, EMILIA C. IERA DR. DABLES FL O, JULIO C. IERA DR.	gent and litle it	Applicatio (NC TORS DELETE DELETE	Intersection Intersection Intersection	City e-named corp y the corpora s. ent signature required t ADORESS ST-ZIP t ADDRESS ST-ZIP	ired when reinslating)	DATE	changing it changing it intment as DIRECTOR Change	s registered registered S IN 12 Additio
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.2 NAME Addition	11. Pursuant i office or n agent. I au SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Io the provisi egistered age m tamiliar wit Signature typed PS MACHAD 4800 RIV CORAL C VT MACHAD 4800 RIV	S FL 33146 ons of Sections 607.05/ ant, or both, in the State h, and accept the oblig of FICERS AN O, EMILIA C. IERA DR. DABLES FL O, JULIO C. IERA DR.	gent and litle it	Applicatio (NC TORS DELETE DELETE	B4 utes, the abover a sauthorized b s authorized b Florida Statute 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 UTLE	City e-named corp y the corpora s. ent elgnature requ t ADORESS ST-ZIP t ADORESS ST-ZIP t ADORESS ST-ZIP	ired when reinslating)	DATE	changing it changing it intment as DIRECTOR Change	s registered registered S IN 12 Additio
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE NAME 6.2 NAME	11. Pursuant i office or n agent. I au SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Io the provisi egistered age m tamiliar wit Signature typed PS MACHAD 4800 RIV CORAL C VT MACHAD 4800 RIV	S FL 33146 ons of Sections 607.05/ ant, or both, in the State h, and accept the oblig of FICERS AN O, EMILIA C. IERA DR. DABLES FL O, JULIO C. IERA DR.	gent and litle it	Applicatio (NC TORS DELETE DELETE	Intersection Intersection Intersection	City e-named corp y the corpora s. ent eignature requ t ADORESS ST-ZIP t ADORESS ST-ZIP t ADORESS ST-ZIP	ired when reinslating)	DATE	changing it changing it intment as DIRECTOR Change	s registered registered S IN 12 Additio
TITLE DELETE 6.1 TITLE Change Additio	11. Pursuant i office or n agent. I au SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Io the provisi egistered age m tamiliar wit Signature typed PS MACHAD 4800 RIV CORAL C VT MACHAD 4800 RIV	S FL 33146 ons of Sections 607.05/ ant, or both, in the State h, and accept the oblig of FICERS AN O, EMILIA C. IERA DR. DABLES FL O, JULIO C. IERA DR.	gent and litle it	Applicatio (NC TORS DELETE DELETE	Utes, the above sauthorized b Stauthorized b Florida Statute OTE: Registered Age 13. 1.1 TITLE 12 NAME 13 STREE 1.4 CITY- 21 TITLE 22 NAME 23 STREE 2.4 CITY- 31 TITLE 32 NAME 33 STREE 34. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE 4.4 CITY-	City e-named corp y the corpora s. ent signature requi- r ADORESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	ired when reinslating)	DATE	changing it changing it intment as DIRECTOR Change Change	s registered registered S IN 12 Additio
NAME 6.2 NAME	11. Pursuant i office or n agent. I au SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Io the provisi egistered ag m tamiliar wit Signature typed PS MACHAD 4800 RIV CORAL C VT MACHAD 4800 RIV	S FL 33146 ons of Sections 607.05/ ant, or both, in the State h, and accept the oblig of FICERS AN O, EMILIA C. IERA DR. DABLES FL O, JULIO C. IERA DR.	gent and litle it	Applicatio (NC TORS DELETE DELETE	B4 Utes, the above s authorized b Florida Statute 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 3.4 CITY- 5.1 TITLE 5.2 NAME	City e-named corj y the corpora s. ent eigneture requi- t ADORESS ST-ZIP t ADORESS ST-ZIP t ADORESS ST-ZIP t ADORESS ST-ZIP t ADORESS ST-ZIP	ired when reinslating)	DATE	changing it changing it intment as DIRECTOR Change Change	s registered registered S IN 12 Additio
	11. Pursuant office or n agent. I au SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Io the provisi egistered ag m tamiliar wit Signature typed PS MACHAD 4800 RIV CORAL C VT MACHAD 4800 RIV	S FL 33146 ons of Sections 607.05/ ant, or both, in the State h, and accept the oblig of FICERS AN O, EMILIA C. IERA DR. DABLES FL O, JULIO C. IERA DR.	gent and litle it	Applicatio (NC TORS DELETE DELETE DELETE DELETE	Utes, the above sauthorized b DTE: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-	City e-named corj y the corpora s. ent eigneture requi- t ADORESS ST-ZIP t ADORESS ST-ZIP t ADORESS ST-ZIP t ADORESS ST-ZIP t ADORESS ST-ZIP t ADORESS ST-ZIP t ADORESS	ired when reinslating)	he purpose of incept the appo	Changing it changing it intment as DIRECTOR Change Change Change	s registered registered S IN 12 Additio
64 CITY-ST-ZIP 64 CITY-ST-ZIP	11. Pursuant i office or n agent. I au SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Io the provisi egistered ag m tamiliar wit Signature typed PS MACHAD 4800 RIV CORAL C VT MACHAD 4800 RIV	S FL 33146 ons of Sections 607.05/ ant, or both, in the State h, and accept the oblig of FICERS AN O, EMILIA C. IERA DR. DABLES FL O, JULIO C. IERA DR.	gent and litle it	Applicatio (NC TORS DELETE DELETE DELETE DELETE	Utes, the above s authorized b Florida Statute DTE: Registered Ag 13. 1.1 TITLE 12 NAME 13 STREE 14 CITY- 21 TITLE 22 NAME 23 STREE 2.4 CITY- 3.1 TITLE 32 NAME 33 STREE 34 CITY- 5.1 TITLE 52 NAME 53 STREE 54 CITY- 6.1 TITLE	City e-named corj y the corpora s. ent eigneture requi- t ADORESS ST-ZIP t ADORESS ST-ZIP t ADORESS ST-ZIP t ADORESS ST-ZIP t ADORESS ST-ZIP t ADORESS ST-ZIP t ADORESS	ired when reinslating)	he purpose of incept the appo	Changing it changing it intment as DIRECTOR Change Change Change	s registered registered S IN 12 Additio