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4. I do hereby certify that the information supplies with this lang is volumental number and use includes for users for the and that my signature shall have the same legal effect as if made certify that the information indicated on this annual report or supplemental annual report is true and that my signature shall have the same legal effect as if made oath; that I am an officer or director of the corporation of the corporation of the corporation of the true and that my signature this report as required by Chapter 607, Florida Statutes; and that my n appears in Block 12 or Block 13 of changed, or on an attachment with an address.	GNATURE	Signature, baed or printed PD STEIGMAN, S 10865 SW 13 MIAMI FL	Iname of negotorud neurit and a OFFICEIRS AND DI SIDNEY 38 ST.	Alk if approable PRECIONS RECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	NOTE: Registered 13. 1.171 1.2 N/ 1.3 SI 1.4 C(2.17 2.2 N 2.3 S 2.4 C 3.11 3.2 N 3.3 S 3.4 C 4.11 4.2 N 4.3 S 4.4 C 5.1 5.2 N 5.3 S 5.4 C 6.1 6.3 S 6.4	Agent signature require The annext corpo- corporation's board The appression of the appression The appression of the appression of the appression The appression of the appression of the appression of the appression The appression of the appression of t	ad when reactating	DATE	ND DIRECTO	DERS IN 12 Addition Addition Addition Addition Addition Addition Addition