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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 oa	Agent I am familiar with, and acc IATURE Significant typed or printed nami PST MOZO, MARISOL 401 E. RIVER ALT(MIAMI FL 33139 VD MOZO, MARISOL 410 E. RIVER ALT(MIAMI FL 33139 D DUCKER, GEORGI 410 E. RIVER ALT(MIAMI FL 33139 D MOZO, ALEX 401 E. RIVER ALT(MIAMI FL 33139 D MOZO, ALEX 401 E. RIVER ALT(MIAMI FL 33139 D MOZO, MARIANO -401 E. RIVER ALT(MIAMI FL 33139 D MOZO, MARIANO -410 E. RIVER ALT(MIAMI FL 33139 D MOZO, MARIANO -410 E. RIVER ALT(MIAMI FL 33139 D	h, in the State of Florida Such change we bept the obligations of, Section 607.0505 we of registered agent and the it applicable DEFFICERS AND DIRECTORS DELETE O DR. DELETE D DELETE D DR. DELETE D DR. DELETE D DR. DELETE	As authorized by the corpor i, Florida Statutes. (NOTE: Registered Agent signature rec 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 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	ation's board of directors. I hereby accep	DATE DATE DATE DATE DATE Change Change Change Change Change Change	S IN 12 Additio
I am an officer or function of the corporation or the receiver or trustee empored to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 on Block 13 if chapted of consent attachment with an address.	agent I am familiar with, and acc IATURE Significate, typed or printed name PST MOZO, MARISOL 401 E. RIVER ALTO MIAMI FL 33139 VD O/L IADRESS ST-ZIP VD O/L IADRESS ST-ZIP MIAMI FL 33139 VD -MOZO, MARISOL 410 E. RIVER ALTO MIAMI FL 33139 D -DUCKER, GEORGI 410 E. RIVER ALTO MIAMI FL 33139 D -MOZO, ALEX 401-E. RIVER ALTO MIAMI FL 33139 D -MOZO, ALEX 401-E. RIVER ALTO MIAMI FL 33139 D -MOZO, MARIANO -410 E. RIVER ALTO MIAMI FL 33139 D -MOZO, MARIANO -410 E. RIVER ALTO MIAMI FL 33139 I ADDRESS SI-ZIP MIAMI FL 33139 I ADDRESS	h, in the State of Florida. Such change we capt the obligations of. Section 607.0505 at of registered ageid and the it applicable DEFFICERS AND DIRECTORS DELETE O DR. DELETE O DR. DELETE O DR. DELETE O DR. DELETE D D DELETE D D D DELETE D D D D D D D D D D D D D D D D D D D	As authorized by the corpor i, Florida Statutes. (NOTE: Registered Agent signature rec 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 3.4 CITY-ST-ZIP 4.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ation's board of directors. I hereby accept alred when renetaling) ADDITIONS/CHANGES TO OFFIC	DATE DATE DATE DATE DATE DATE DATE DATE	S IN 12 Additio