P	LE NOW: FILIN PROFIT PORATION	IG FEE AFT	FLORIDA DEP	S \$550.00 PARTMENT OF STATE	I Jun 03	FILED 1997 8:	00ar
ANNU	AL REPORT		Secre	etary of State	Secre	tary of S	State
	AGUILAR TER 4711 N.W.		(2) RP. Aailing Address J. ERNESTO AGUILAI 181 S.W. 32ND TER IAMI FL 33155-3239	R 4711 N. W. 79 AVE. 501 TE 7-6 MIAMI, TE 33160			
	M ( 1111), PG			MIAMI, IL JIN	3. Date Incorporated or Qualific 01/24/1989	ed 3a, Date of Las 04/17/1996	Report
	ace of Business		. Mailing Address		4. FEI Number		Applied For
Sufte, Apt. #	<u> </u>	WE. 26	Suite, Apt. #, etc.		65-0096444	¢0 71	Not Applicabl
Z		27	011.0		5. Certificate of Status Desired	Fee	Required
	AMI, FL.	28	City & State		6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
4 <sup>Zip</sup> 3316	Country 25 U.S	. A. 29	Zip	Country 30	<ol> <li>This corporation has liability the second statutes</li> </ol>	for intangible tax under	rs. 199.032,
	9, Name and Address	23	stered Agent		10. Name and Address of New		·····
AGUI	LAR, J. ERNESTO	II N.W. 79	AVE.	<b>81</b> Name			
- 8487 Miam	<b>1.51_33155</b>	VITE 7-	6 23166		ress (P.O. Box Number is Not Accep	otable)	
. 8487 Mian	LAH, J. EHNESTO 	110 7- 1AMI - FL	6 33161	82 Street Add	ress (P.O. Box Number is Not Accep	olable)	
				83 84 City	· · · · · · · · · · · · · · · · · · ·	FL B5 Z	p Code j its registered
11. Pursuant to office or re agent. I arr SIGNATURE s	o <b>the</b> provisions of Sectio gistered agent, or both, in <b>famil</b> iar with, and accep	ins 607,0502 and it in the State of Flor of the obligations of Trepstered agent and title	607, 1508, Florida Sta ida. Such change wa of, Section 607,0505, e If appressie	83 84 City tutes, the above-named cor as authorized by the corpora Florida Statutes.	poration submits this statement for th tion's board of directors. I hereby ac red when renstating)	FL 85 Zi ne purpose of changing coept the appointment	y its registere as registered
<ol> <li>Pursuant to office or reagent. I arr SIGNATURE 5</li> <li>12.</li> </ol>	o <b>the</b> provisions of Sectio gistered agent, or both, in <b>famil</b> iar with, and accep	ins 607.0502 and in the State of Flor of the obligations o	607, 1508, Florida Sta ida. Such change wa of, Section 607,0505, e If appressie	83 84 City tutes, the above-named cor as authorized by the corpora Florida Statutes.	poration submits this statement for th tion's board of directors. I hereby ac	FL 85 Zi ne purpose of changing coept the appointment	y its registered as registered ORS IN 12
11. Pursuant to office or re agent. I arr SIGNATURE 12. TITLE	o the provisions of Sectio egistered agent, or both, i n familiar with, and accep Signature, typed or printed name of OFF PSTD AGUILAR, J E	ins 607.0502 and 6 in the State of Flor of the obligations of registered agent and till FICERS AND DIRE	607.1508, Florida Sta ida. Such change wa of, Section 607.0505, e If appreciable (N CTORS DELETE	83 84 City tutes, the above-named cor as authorized by the corpora Florida Statutes. 4010 Registered Agent signature required 13. 1.1 11LE	poration submits this statement for th tion's board of directors. I hereby ac red when renstating)	FL 85 Zi ne purpose of changing coept the appointment DATE FFICERS AND DIRECT	y its registered as registered ORS IN 12
11. Pursuant to office or re agent. I arr SIGNATURE 12. 11. NAME STREET ADDRESS	o the provisions of Sectio gistered agent, or both, i n familiar with, and accep Signature, typed or printed name of OFF PSTD AGUILAR, J E 84 <del>91-S.W. 32ND TE</del> F	ons 607,0502 and 6 in the State of Flor of the obligations of Treostered agent and tel FICERS AND DIRE	607.1508, Florida Sta ida. Such change wa of, Section 607.0505, e I appreable (N CTORS DELETE W. 79 AVC	83         84         City           dules, the above-named cor as authorized by the corpora Florida Statutes.         City           4010° Registered Agort signature required 13.         1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	poration submits this statement for th tion's board of directors. I hereby ac red when renstating)	FL 85 Zi ne purpose of changing coept the appointment DATE FFICERS AND DIRECT	y its registered as registered ORS IN 12
11. Pursuant to office or re agent. I arr SIGNATURE 12. 11. NAME STREET ADDRESS CITY-ST-2IP	o the provisions of Sectio egistered agent, or both, i n familiar with, and accep Signature, typed or printed name of OFF PSTD AGUILAR, J E	ins 607,0502 and 6 in the State of Flor of the obligations of Treostered agent and tel FICERS AND DIRE	607.1508, Florida Sta ida. Such change wa of, Section 607.0505, e If appreciable (N CTORS DELETE	83       84       City       tules, the above-named cor as authorized by the corpora Florida Statutes.       4010 Registered Agort signature required       13.       1.1 TITLE       1.2 NAME	poration submits this statement for th tion's board of directors. I hereby ac red when renstating)	FL 85 Zi ne purpose of changing coept the appointment DATE FFICERS AND DIRECT	y its registered as registered ORS IN 12 a Additic
11. Pursuant to office or re agent. I arr SIGNATURE 12. 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	o the provisions of Sectio gistered agent, or both, i n familiar with, and accep Signature, typed or printed name of OFF PSTD AGUILAR, J E 84 <del>91-S.W. 32ND TE</del> F	ins 607,0502 and 6 in the State of Flor of the obligations of Treostered agent and tel FICERS AND DIRE	607. 1508, Florida Sta ida. Such change wa of, Section 607. 0505, e II appreciable. (N CTORS DELETE W. 79 AVC 7-64. 37100	83       84       City       authorized by the corporal Florida Statutes.       4010       Registered Agent signature required       13.       1.1 TILE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 TILLE       2.2 NAME	poration submits this statement for th tion's board of directors. I hereby ac red when renstating)	FL 85 Zi	y its registered as registered ORS IN 12 a Additic
11. Pursuant to office or re agent. I am SIGNATURE <u>5</u> 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	o the provisions of Sectio gistered agent, or both, i n familiar with, and accep Signature, typed or printed name of OFF PSTD AGUILAR, J E 84 <del>91-S.W. 32ND TE</del> F	ins 607,0502 and 6 in the State of Flor of the obligations of Treostered agent and tel FICERS AND DIRE	607. 1508, Florida Sta ida. Such change wa of, Section 607. 0505, e II appreciable. (N CTORS DELETE W. 79 AVC 7-64. 37100	83       84       City       tutes, the above-named cor as authorized by the corpora Florida Statutes.       4010       Hegistered Agont signature required       13.       1.1       1.2       1.3       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1	poration submits this statement for th tion's board of directors. I hereby ac red when renstating)	FL 85 Zi	y its registered as registered ORS IN 12 a Additic
11. Pursuant to office or re agent. I an SIGNATURE <u>5</u> 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	o the provisions of Sectio gistered agent, or both, i n familiar with, and accep Signature, typed or printed name of OFF PSTD AGUILAR, J E 84 <del>91-S.W. 32ND TE</del> F	ins 607,0502 and 6 in the State of Flor of the obligations of Treostered agent and tel FICERS AND DIRE	607. 1508, Florida Sta ida. Such change wa of, Section 607. 0505, e II appreciable. (N CTORS DELETE W. 79 AVC 7-64. 37100	83       84       City       atutes, the above-named cor as authorized by the corporal Florida Statutes.       4010       13.       11.1       1.2       1.3.       1.3.       1.3.       1.4.       1.3.       1.4.       1.4.       2.1.       1.1.       1.2.       1.3.       3.1.       2.1.       1.1.       1.2.       1.3.       3.1.       2.1.       1.1.       1.2.       NAME       1.3.       2.1.       1.4.       CITY-ST-ZIP       2.1.       1.1.       2.3.       TITLE	poration submits this statement for th tion's board of directors. I hereby ac red when renstating)	FL 85 Zi	y its registered as registered ORS IN 12 DRS IN 12 Additic
11. Pursuant to office or re agent. I arr SIGNATURE <u>5</u> 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	o the provisions of Sectio gistered agent, or both, i n familiar with, and accep Signature, typed or printed name of OFF PSTD AGUILAR, J E 84 <del>91-S.W. 32ND TE</del> F	ins 607,0502 and 6 in the State of Flor of the obligations of Treostered agent and tel FICERS AND DIRE	607. 1508, Florida Sta ida. Such change wa of, Section 607.0505, e If applicable (N CTORS DELETE W. 79 AVC 7-62. 37161 DELETE	83       84       City       tutes, the above-named coras authorized by the corpora       Florida Statutes.       1010       13.       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 TITLE       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 TITLE       3.2 NAME	poration submits this statement for th tion's board of directors. I hereby ac red when renstating)	FL 85 7 The purpose of changing coept the appointment of DATE FFICERS AND DIRECT Chang	y its registered as registered ORS IN 12 DRS IN 12 Additic
11. Pursuant to office or re agent. I am SIGNATURE 5 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	o the provisions of Sectio gistered agent, or both, i n familiar with, and accep Signature, typed or printed name of OFF PSTD AGUILAR, J E 84 <del>91-S.W. 32ND TE</del> F	ins 607,0502 and 6 in the State of Flor of the obligations of Treostered agent and tel FICERS AND DIRE	607. 1508, Florida Sta ida. Such change wa of, Section 607.0505, e II appreable (N CTORS DELETE W: 79 AVE 7-62. 37161 DELETE	83       84       City       atutes, the above-named cor as authorized by the corporal Florida Statutes.       4010       13.       11.1       1.2       1.3.       1.3.       1.3.       1.4.       1.3.       1.4.       1.4.       2.1.       1.1.       1.2.       1.3.       3.1.       2.1.       1.1.       1.2.       1.3.       3.1.       2.1.       1.1.       1.2.       NAME       1.3.       2.1.       1.4.       CITY-ST-ZIP       2.1.       1.1.       2.3.       TITLE	poration submits this statement for th tion's board of directors. I hereby ac red when renstating)	FL 85 7 re purpose of changing cept the appointment 5 DATE FFICERS AND DIRECT Chang Chang	y its registered as registered ORS IN 12 a Additic
11. Pursuant to office or re agent. I arr SIGNATURE 5 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	o the provisions of Sectio gistered agent, or both, i n familiar with, and accep Signature, typed or printed name of OFF PSTD AGUILAR, J E 84 <del>91-S.W. 32ND TE</del> F	ins 607,0502 and 6 in the State of Flor of the obligations of Treostered agent and tel FICERS AND DIRE	607. 1508, Florida Sta ida. Such change wa of, Section 607.0505, e If applicable (N CTORS DELETE W. 79 AVC 7-62. 37161 DELETE	83       84       City       tutes, the above-named coras authorized by the corpora       Florida Statutes.       Intervention       13.       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2 TITLE       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4 CITY-ST-ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4. CITY-ST-ZIP       4.1 TITLE	poration submits this statement for th tion's board of directors. I hereby ac red when renstating)	FL 85 7 The purpose of changing coept the appointment of DATE FFICERS AND DIRECT Chang	y its registered as registered ORS IN 12 a Additic
11. Pursuant to office or re agent. I am SIGNATURE 5 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME	o the provisions of Sectio gistered agent, or both, i n familiar with, and accep Signature, typed or printed name of OFF PSTD AGUILAR, J E 84 <del>91-S.W. 32ND TE</del> F	ins 607,0502 and 6 in the State of Flor of the obligations of Treostered agent and tel FICERS AND DIRE	607. 1508, Florida Sta ida. Such change wa of, Section 607.0505, e II appreable (N CTORS DELETE W: 79 AVE 7-62. 37161 DELETE	83       84       City       Authorized by the corporal Florida Statutes.       Interference       13.       1.1 TILE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2 TIRLE       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4 CITY-ST-ZIP	poration submits this statement for th tion's board of directors. I hereby ac red when renstating)	FL 85 7 re purpose of changing cept the appointment 5 DATE FFICERS AND DIRECT Chang Chang	y its registered as registered ORS IN 12 e Additioned A
11. Pursuant to office or re agent. I arr 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	o the provisions of Sectio gistered agent, or both, i n familiar with, and accep Signature, typed or printed name of OFF PSTD AGUILAR, J E 84 <del>91-S.W. 32ND TE</del> F	ins 607,0502 and 6 in the State of Flor of the obligations of Treostered agent and tel FICERS AND DIRE	607. 1508, Florida Sta ida. Such change wa of, Section 607.0505, e II appreciable (N CTORS DELETE W: 79 AVE 7 62. 37161 DELETE	83       84     City       authorized by the corporate authorized by the corporate for dast authorized by the corporate requirement of the second statutes.       IDIC     Registered Agent equature requirement       13.     11.1 IIILE       1.2 NAME     1.3 STREET ADDRESS       1.4 CITY-ST-ZIP     2.1 IIILE       2.2 NAME     2.3 STREET ADDRESS       2.4 CITY-ST-ZIP     3.1 TITLE       3.3 STREET ADDRESS     3.4 CITY-ST-ZIP       3.1 TITLE     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       4.2 NAME     4.3 STREET ADDRESS       3.4 CITY-ST-ZIP     4.1 TITLE	poration submits this statement for th tion's board of directors. I hereby ac red when renstating)	FL     B5     Zi       re purpose of changing       DATE       FFICERS AND DIRECT       Chang       Chang       Chang       Chang       Chang	y its registered as registered ORS IN 12 e Additioned A
11. Pursuant to office or re agent. I arr 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	o the provisions of Sectio gistered agent, or both, i n familiar with, and accep Signature, typed or printed name of OFF PSTD AGUILAR, J E 84 <del>91-S.W. 32ND TE</del> F	ins 607,0502 and 6 in the State of Flor of the obligations of Treostered agent and tel FICERS AND DIRE	607. 1508, Florida Sta ida. Such change wa of, Section 607.0505, e II appreable (N CTORS DELETE W: 79 AVE 7-62. 37161 DELETE	83       84     City       Itules, the above-named coras authorized by the corpora       Florida Statutes.       IOTE Registered Agent signature required       13.       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 TITLE       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       4.2 NAME       4.3 STREET ADDRESS       3.4. CITY-ST-ZIP       5.1 TITLE       5.1 TITLE	poration submits this statement for th tion's board of directors. I hereby ac red when renstating)	FL 85 7 re purpose of changing cept the appointment 5 DATE FFICERS AND DIRECT Chang Chang	y its registered as registered ORS IN 12 e Additic
11. Pursuant to office or re agent. I an SIGNATURE 12. 11. 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	o the provisions of Sectio gistered agent, or both, i n familiar with, and accep Signature, typed or printed name of OFF PSTD AGUILAR, J E 84 <del>91-S.W. 32ND TE</del> F	ins 607,0502 and 6 in the State of Flor of the obligations of Treostered agent and tel FICERS AND DIRE	607. 1508, Florida Sta ida. Such change wa of, Section 607.0505, e II appreciable (N CTORS DELETE W: 79 AVE 7 62. 37161 DELETE	83       84     City       authorized by the corporate authorized by the corporate for da Statutes.       Interference       13.       11.11//LE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.111/LE       2.2 NAME       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP       3.11//LE       3.2 NAME       3.3 STREET ADDRESS       3.4 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       4.2 NAME       4.3 STREET ADDRESS       3.4 CITY-ST-ZIP	poration submits this statement for th tion's board of directors. I hereby ac red when renstating)	FL     B5     Zi       re purpose of changing       DATE       FFICERS AND DIRECT       Chang       Chang       Chang       Chang       Chang	y its registered as registered ORS IN 12 B Additio
11. Pursuant to office or re agent. I arr SIGNATURE 12. 11. 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	o the provisions of Sectio gistered agent, or both, i n familiar with, and accep Signature, typed or printed name of OFF PSTD AGUILAR, J E 84 <del>91-S.W. 32ND TE</del> F	ins 607,0502 and 6 in the State of Flor of the obligations of Treostered agent and tel FICERS AND DIRE	607. 1508, Florida Sta ida. Such change wa of, Soction 607.0505, e II appreable (N CTORS DELETE W. 79 AVC 7 6. 37161 DELETE DELETE	83       84     City       Autorized by the corporal Florida Statutes.       Intermediation       Intermediation       13.       11.1       12.       13.       13.       14.0       1.3       13.3       14.0       1.3       15.1       16.1       17.1       17.1       18.1       19.2       11.3       1.4       1.3       1.4       1.3       1.4       1.7       2.1       1.1       1.2       2.1       2.1       2.1       2.1       2.1       2.1       2.1       2.1       2.1       3.1       11.1       2.2       3.3       3.4       11.1       2.1       3.3       3.4       3.1       4.1       11.1       2.1       3.3       3.4       11.1       4.2       11.1       11.1       11.1       12.1   <	poration submits this statement for th tion's board of directors. I hereby ac red when renstating)	FL     B5     Zi       re purpose of changing     Date       DATE       FFICERS AND DIRECT       Chang       Chang	a Addilio
11. Pursuant to office or re agent. I an SIGNATURE 12. 11. 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	o the provisions of Sectio gistered agent, or both, i n familiar with, and accep Signature, typed or printed name of OFF PSTD AGUILAR, J E 84 <del>91-S.W. 32ND TE</del> F	ins 607,0502 and 6 in the State of Flor of the obligations of Treostered agent and tel FICERS AND DIRE	607. 1508, Florida Sta ida. Such change wa of, Section 607.0505, e II appreciable (N CTORS DELETE W: 79 AVE 7 62. 37161 DELETE	83       84     City       authorized by the corporal Florida Statutes.       4010     Registered Agent signature required 13.       11.1     11.1       1.2     NAME       1.3     STREET ADDRESS       1.4     City-St-ZiP       2.1     TILE       2.2     NAME       1.3     STREET ADDRESS       2.4     City-St-ZiP       3.1     TILE       3.2     NAME       3.3     STREET ADDRESS       3.4     City-St-ZiP       4.1     TILE       3.3     STREET ADDRESS       3.4     City-St-ZiP       4.1     TILE       4.2     NAME       4.3     STREET ADDRESS       3.4     City-St-ZiP       5.1     TILE       5.2     NAME       5.3     STREET ADDRESS	poration submits this statement for th tion's board of directors. Thereby ac red when rearstating) ADDITIONS/CHANGES TO OF	FL     85     Zi       re purpose of changing     2       DATE     E       FFICERS AND DIRECT     Chang       Chang     Chang       Chang     Chang       Chang     Chang       Chang     Chang       Chang     Chang       Chang     Chang	e Additio
11. Pursuant to office or re agent. I arr SIGNATURE 12. 11. 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	o the provisions of Sectio gistered agent, or both, i n familiar with, and accep Signature, typed or printed name of OFF PSTD AGUILAR, J E 84 <del>91-S.W. 32ND TE</del> F	ins 607,0502 and 6 in the State of Flor of the obligations of Treostered agent and tel FICERS AND DIRE	607. 1508, Florida Sta ida. Such change wa of, Soction 607.0505, e II appreable (N CTORS DELETE W. 79 AVC 7 6. 37161 DELETE DELETE	83       84     City       authorized by the corporal Florida Statutes.       4010 Registered Agent signature required       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 STREET ADDRESS       3.4 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       5.2 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       5.1 TITLE       5.2 NAME       5.3 CITY-ST-ZIP       5.1 TITLE       5.2 CITY-ST-ZIP       6.1 TITLE	poration submits this statement for th tion's board of directors. I hereby ac red when remarking) ADDITIONS/CHANGES TO OF	FL     85     Zi       re purpose of changing     2       DATE     E       FFICERS AND DIRECT     Chang       Chang     Chang       Chang     Chang       Chang     Chang       Chang     Chang       Chang     Chang       Chang     Chang	