Copy Place of Businesis 1 Malling Address Copy Place of Businesis 1 Malling Address PS99 N. M. ROTH. AV P.O. ROX 126548 D.O. Corversition P399 N. M. ROTH. AV P.O. ROX 126548 D.O. Corversition P399 N. M. ROTH. AV P.O. ROX 126548 D.O. Corversition P399 N. M. ROTH. AV P.O. ROX 126548 D.O. Corversition P393 N. M. ROTH. AV P.O. ROX 126548 D.O. Corversition P393 N. M. ROTH. AV P.O. ROX 126548 D.O. Corversition P393 N. M. ROTH. AV P.O. ROX 126548 D.O. Corversition P393 N. M. ROTH. AV P.O. ROX 126548 P.O. ROX 126548 P393 N. M. ROTH. AV P.O. ROX 126548 P.O. ROX 126548 P393 N. M. ROTH. AV P.O. ROX 126548 P.O. ROX 126548 P393 N. M. ROTH. AV P.O. ROX 126548 P.O. ROX 126548 P393 N. M. ROTH. AV P.O. ROX 126548 P.O. ROX 126548 P393 N. M. ROTH. AV P.O. ROX 126548 P.O. ROX 126548 CARGA LETINAMERICA NC P.O. ROX 126548 P.O. ROX 126548 BOD MARIE ROTHOLOWER NOTHING NOTHING NOTHING NOTHING NOTHING NOTHING NOTHIN	. Entity Nam	•			· · ·		Mar 04, 2 Secreta	LED 2000 8 ry of S	:00 al tate
Signal Place of Buchelse 11 Maling Address Signal M 27 AV MARE R 30585MS 22 AV MARE R 30552MSS US U	A-A-K- II	and a second second	UKP.					-	
NN 7 2 AV SSS MV 7 2 AV NN 7 2 AV MAIR IR 30328955 Principal Place of Business A Matting Address Down Address Down Address Down Address Down Address Down Address Down Address A Matting Address Address Address									
FL 3366 MAK FL 3352-3355 LEFU 4.3 D.2.4 Phrogue Place of Business 3. Mailing Add/995 LefU 4.3 D.2.4 P399 N. M. ROTH. AV P.O. ROX_1265.48 Do NOT WITE IN THIS SACE PGD LEY FLOB IDA Country S. Maine and Address of Country S. Conticesto of Busine Desired S. Manne and Address of Country S. Conticesto of Busine Desired S. Manne and Address of Country 7. State Country S. Conticesto of Busine Desired S. Manne and Address of Country S. Conticesto of Busine Desired S. S. Address of Expectation 7. Name and Address of Country S. Conticesto of Busine Desired S. S. Address of Busines of Address of Country S. Conticesto of Busine Desired S. S. Address of Busines of Country 7. State Carca KETBIOAMERICA NC. Desire The State Country Country Country S. Banne and Address of Country Maines of Country Address		•		Ū					
US DOUDDENT Prince of Business 2999 N. M. CONDENT VIEW Colspan="2">DOUDDENT CONDENT CONDENT VIEW Colspan="2">DOUT WHITE IN THIS SPACE DO NOT WHITE IN THIS SPACE DO NOT WHITE IN THIS SPACE DO NOT WHITE IN THIS SPACE CONTROL AND Span="2">Country Span="2">Span="2">Country Span="2">Country Span="2">Span="2">Country Span="2">Country Span="2">Span="2">Span="2" Span="2" CARCA CLATINCAMERICA NC. Span= 2" Span="2">CARCA CLATINCAMERICA Notice and Address of New Registered Agent CARCA CLATINCAMERICA Span="2">CARCA CLATINCAMERICA Span="2" Span="2" CARCA CLATINCAMERICA Span="2" CARCA CLATINCAMERICA CARCA CLATINCAMERICA Span="2" CARCA CLATINCAMERICA Span="2" Span="2"<							1.1547	un z z	
9999 N. W. 87TH. AV P. O. 80% 126548 DN NT WHE'LE IN THIS SHOLE 20% 5 State Clark A State DN NT WHE'LE IN THIS SHOLE 20% 5 State Clark A State A State 111 Country S. Centricate of Status Desired State A State 20% 5 State Country S. Centricate of Status Desired State A State 20% 5 State Country S. Centricate of Status Desired State Address of New Registered Agent 20% 5 State Country S. Centricate of Status Desired State Address of New Registered Agent 20% 5 State Country S. Centricate of Status Desired State Address of New Registered Agent 20% 5 State Country S. Centricate of Status Desired State Address of New Registered Agent 20% 5 State Country S. Centricate of Status Desired Carecol Education 20% 5 State Country S. Centricate of Status Desired Carecol Education 20% 5 State Country State Address of New Registered Agent Carecol Education 20% 5 State Country State Address of New Registered Agent Carecol Education 20% 5 State Country State Address of New Registered Agent Carecol Education 20% 5 State Country Country Carecol Education Country			I	US			0005	00.51	
9999 N. W. 87TH. AV P. O. 80% 126548 Do NOT WRITE IN THE SPACE 20% & State CV & State CV & State Do NOT WRITE IN THE SPACE 20% & State Current Space Association of the state of th			T	• • • • · · · · · · · · · · · · · · · ·					
Sale Apt # elc	•		• •	•	510		I IQUILUII FIU CIILU IUILU IUILU ILUIC III EI EI	EXTERNATION CONTRACTOR	UU LILU ILLI
City & State City & State 4. FEI Number 65-0178699 Acplication 20 Country 2.0 Country Coun	Suite Apt.	#, etc.	†		<u>.,40</u>		DO NOT WRITE IN T	THIS SPACE	
Notice Initial each filla. Study (Restrict Control of the Control of			 	City & State		4.6			oplied For
33178 33172 S. Outmitted to standard busined	City & Sian						65-0178699		
S. Name and Address of New Registered Agent CARGA LATINOAMERICA CARGA LATINOAMERICA CARGA LATINOAMERICA CARGA LATINOAMERICA CARGA LATINOAMERICA CARGA LATINOAMERICA Set and Address of New Registered Agent CARGA LATINOAMERICA Set and Number 1 hor Accessable) GARGA LATINOAMERICA Set and Number 1 hor Accessable GARGA LATINOAMERICA Set and Number 1 hor Accessable) GARGA LATINOAMERICA Set and Number 1 hor Accessable GARGA LATINOAMERICA Set and Number 1 hor Accessa	Zip	Country			Country	5. 0	Certificate of Status Desired		
CARGA: ENTINOAMERICA INC. BARGA: ALAT INOAMERICA Store Address (P.O. Box Number (N MARCE) (N MARCE	33178	6. Name and Address of	of Current Re		<u> </u>	 7. N	lame and Address of New Registe	· · · ·	
CARGA EALBROAMENTA INC. Sold SY IT ST. MIAMI FL 33174 Street Address (P.O. Box Number Is Not Acceptable) 99.99 N. W 89 TH. AV. CIV MEDLEY FLA. FL 33f78 The above number and street and str	·	, ,		<u> </u>		ATINO			
NIAMI FL 33174 City FL Z 9 fr 769 The above name City FL Z 9 fr 769 MALL FL 33174 City FL Z 9 fr 769 The above name City FL Z 9 fr 769 NATURE Syntax form of the purpose of changing its registered office or registered agent, or both, in the State of Flored. Image: City of the purpose of changing its registered office or registered agent, or both, in the State of Flored. NATURE Syntax form of the purpose of the sector of the purpose of the purpose of the sector of the purpose of the purpo			2.		Street Addres	ss (P.O. Bo	ox Number is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·
Civ MEDLEY FLA. FL 33f7/8 The above name and restructures this statement for the purpose of changing its registered agent, or both, in the State of Florida. NATURE Sequence of a register of a statement for the purpose of changing its registered agent, or both, in the State of Florida. NATURE Sequence of a register of a statement for the purpose of changing its registered agent, or both, in the State of Florida. NATURE Sequence of a register of a statement for the purpose of changing its registered agent, or both, in the State of Florida. NATURE Sequence of a register of a statement for the purpose of changing its registered agent, or both, in the State of Florida. NATURE Sequence of a register of a statement for the purpose of changing its registered agent, or both, in the State of Florida. NATURE Sequence of the acceptoration of a statement for the purpose of changing its registered agent, or both, in the State of Florida. NATURE Sequence of the acceptoration of a statement for the purpose of changing its registered agent, or both, in the State of Florida. NATURE Sequence of the acceptoration of a statement for the purpose of changing its registered agent, or both, in the State of Florida. NATURE Sequence of the acceptoration of a statement for the purpose of the acceptoration of State OFFICERS AND DIFECTORS IX 11 OFFICERS AND DIFECTORS IX 12 OFFICER					9999 N.	W. 89	<u></u>		
The above name antigene has been and or provide the purpose of changing its registered agent, or both. In the State of Porda International or provide agent, and the international operation of the provide agent, or both. In the State of Porda International or provide agent, and the international operation of the international operation of the provide agent, or both. In the State of Porda International or provide agent, and the international operation of the international operation of the provide agent, or both. In the State of Porda International or provide agent, and the international operation of the international operation operatio	(AUTO)				City				
INATURE Image: Comparison of the partial state address of the state		\sim			<u> </u>			FL 33178	<u> </u>
NATURE Solution rate of primed agent and its Provide agent	The above	a named entity submits this st	tatement for th	e purpose of changing its	s registered office or regis	stered age	ent, or both, in the State of Fiorida.	•	
System Contra provide or periminary and a final registrate. Control information and a final registrate. Control information Control information Control information This comportation is sholly to satisfy its intrangible rate litting regulations and a final registrate. FILE NOW!!! FEE IS \$150.00 After MAV 1, 2000 Fee will be \$550.00 'Make Check Payable to Department of State 10.** Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Addod to Fees Control is a control in the information support of support of the inf		HI Noun	of	adama.	Rayeto		[-]	18-01	0
This corporation's projective and elects to do so. (See criteria on back) Init at fulling requirement and elects to do so. (See criteria on back) Image Check Payable to Department of State 10 Flee criton Campaign Financing Trust Fund Contribution. Added to Fees Init at fund requirement and elects to do so. (See criteria on back) Image Check Payable to Department of State 10 Flee criton Campaign Financing Trust Fund Contribution. Added to Fees Init at fund requirement of State OFFICERS AND DIRECTORS IX 14 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Init at fund requirement of State OFFICERS AND DIRECTORS IX 14 Delete Image Addition ALVAREZ, EVA L SSS NW 72 AVE. MAMI FL 33 166 Delete Image Addition Addition Init at fund requirement of State Delete Image Addition Image Addition Init at fund requirement of State Delete Image Addition Image Addition Init at fund requirement of State Delete Image Addition Image Addition Init at fund requirement of State Delete Image Addition Image Addition Init at fund requirement of State Delete Image Addition Image Addition Init at fund requirement of State Delete Image Addition Image Addi	SINATURE	Signature typed or printed name of reg	gintered agent and	title if applicable. (NOT	E Bogistored Agent signature reg	ired when re	instation)	DATE	
International and the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1), Florida Statutes, 1 further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1), Florida Statutes, 1 further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1), Florida Statutes, 1 further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1), Florida Statutes, 1 further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1), Florida Statutes, 1 further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1), Florida Statutes, 1 further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1), Florida Statutes, 1 further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1), Florida Statutes, 1 further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1), Florida Statutes, 1 further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1), Florida Statutes, 1 further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1), Florida Statutes, 1 further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1), Florida Statutes, 1 further certify that the information in Block 11 or Block 12 ft change does and stated endered does and the try endere			7		E. Registered Agent signature requ				<u>:</u>
Et ALVAREZ, EVA L NAME ET ADDRESS 5595 NW 72 AVE. STREET ADDRESS ST-2P MIAMI FL 33166 Change Addition MAME Delete TITLE Change Addition ST 2P Delete TITLE Change Addition ST 2P Delete TITLE Change Addition ST 2P STREET ADDRESS CITY-ST-2P C C E Delete TITLE Change Addition NAME NAME Change Addition NAME STREET ADDRESS C C C ST 2P Delete TITLE Change Addition NAME STREET ADDRESS C C Addition ST 2P Delete TITLE Change Addition ST 2P Delete TITLE Chan	Tax filing r	requivement and elects to do	s Intangible so.	FILE NOW After MAY 1, 20	III FEE IS \$150.00	0	الأمريكية 10. Election Campaign Financing	g _ \$5.(0 May Be d to Fees
ET ADRESS SS95 NW 72 AVE. STRET ADRESS S17-2P Image: Signal and Street Address CITY-ST-2P MAME Image: Signal and Street Address Image: Signal and Street Address ST 2P Image: Signal and Street Address Image: Signal and Street Address ST 2P Image: Signal and Street Address Image: Signal and Street Address ST 2P Image: Signal and Street Address Image: Signal and Street Address ST 2P Image: Signal and Street Address Image: Signal and Street Address ST 2P Image: Signal and Street Address Image: Signal and Street Address ST 2P Image: Signal and Street Address Image: Signal and Street Address ST 2P Image: Signal and Street Address Image: Signal and Street Address ST 2P Image: Signal and Street Address Image: Signal and Street Address ST 2P Image: Signal and Street Address Image: Signal and Street Address ST 2P Image: Signal and Street Address Image: Signal and Street Address ST 2P Image: Signal and Street Address Image: Signal and Street Address ST 2P Image: Signal and Street Address Image: Signal and Street Address ST 2P Image: Si	Tax filing r (See crite	requivement and elects to do ria on back)	Intangible so.	FILE NOW After MAY 1, 20	III FEE IS \$150.00 000 Fee will be \$550.0 ble to Department of \$	0 State	10. Election Campaign Financing Trust Fund Contribution.	g \$5.(Adde	d to Fees
ST-2P MIAMI FL 33166 CITV-ST-2P Image: Strate in the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes, Intriher certify that the information information information in the report is regulied by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if contage in the report is required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if contage in Block 12 if contage	Tax filing r (See crite	requivement and elects to do iria on back) OFFIC	Intangible so.	FILE NOW After MAY 1, 20	1!! FEE IS \$150.00 000 Fee will be \$550.0 ble to Department of \$ 12. TITLE	0 State	10. Election Campaign Financing Trust Fund Contribution.	g \$5.0 Adde	d to Fees
Image: Second	Tax filing r (See crite	requivement and elects to do iria on back) OFFIC OFFIC ALVAREZ, EVA L	Intangible so.	FILE NOW After MAY 1, 20	III FEE IS \$150.00 000 Fee will be \$550.0 ble to Department of S 12. TITLE NAME	0 State	10. Election Campaign Financing Trust Fund Contribution.	g \$5.0 Adde	d to Fees
annerss STRET ADDRESS ST ZP CITV-ST-ZP E Delete TLE Change Addition ST-ZP E Delete ST-ZP CITV-ST-ZP E ST-ZP E CITV-ST-ZP E Delete TRET ADDRESS ST-ZP CITV-ST-ZP E Delete TRET ADDRESS ST 2P CITV-ST-ZP CITV-ST-ZP ST 2P Delete TTLE NAME STRET ADDRESS ST 2P Delete TTLE NAME ST 2P Delete TTLE NAME ST 2P CITV-ST-ZP Delete TTLE <td>Tax filing r (See crite E E E E E E E E E E T ADDRESS</td> <td>requirement and elects to do ria on back) OFFIC ALVAREZ, EVA L 5595 NW 72 AVE.</td> <td>Intangible so.</td> <td>FILE NOW After MAY 1, 20</td> <td>III FEE IS \$150.00 000 Fee will be \$550.0 ble to Department of S 12. TITLE NAME STREET ADDRESS</td> <td>0 State</td> <td>10. Election Campaign Financing Trust Fund Contribution.</td> <td>g \$5.0 Adde</td> <td>d to Fees</td>	Tax filing r (See crite E E E E E E E E E E T ADDRESS	requirement and elects to do ria on back) OFFIC ALVAREZ, EVA L 5595 NW 72 AVE.	Intangible so.	FILE NOW After MAY 1, 20	III FEE IS \$150.00 000 Fee will be \$550.0 ble to Department of S 12. TITLE NAME STREET ADDRESS	0 State	10. Election Campaign Financing Trust Fund Contribution.	g \$5.0 Adde	d to Fees
ST ZP E E CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP E E CITY-ST-ZP E E CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP E E E E E CITY-ST-ZP E E E E CITY-ST-ZP E E E E E E E E E E E E E E E E E E E	Tax filing r (See crite E.E. AE EET ADDRESS (-ST-ZIP	requirement and elects to do ria on back) OFFIC ALVAREZ, EVA L 5595 NW 72 AVE.	Intangible so.	FILE NOW After MAY 1, 20 Make Check Payat RECTORS 14 14 Delete	I!! FEE IS \$150.00 000 Fee will be \$550.0 ble to Department of \$ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	0 State	10. Election Campaign Financing Trust Fund Contribution.	g \$5.(Adde	d to Fees
Image: Set applied NAME Fet applied NAME STREET ADDRESS CITY-ST-ZIP E Delete Image: Delete TITLE Image: Delete <td>Tax filing r (See crite E ME EET ADDRESS (-ST-ZIP E</td> <td>requirement and elects to do ria on back) OFFIC ALVAREZ, EVA L 5595 NW 72 AVE.</td> <td>Intangible so.</td> <td>FILE NOW After MAY 1, 20 Make Check Payat RECTORS 14 14 Delete</td> <td>III FEE IS \$150.00 D00 Fee will be \$550.0 D12. TITLE NAME CITY-ST-ZIP TITLE NAME</td> <td>0 State</td> <td>10. Election Campaign Financing Trust Fund Contribution.</td> <td>g \$5.(Adde</td> <td>d to Fees</td>	Tax filing r (See crite E ME EET ADDRESS (-ST-ZIP E	requirement and elects to do ria on back) OFFIC ALVAREZ, EVA L 5595 NW 72 AVE.	Intangible so.	FILE NOW After MAY 1, 20 Make Check Payat RECTORS 14 14 Delete	III FEE IS \$150.00 D00 Fee will be \$550.0 D12. TITLE NAME CITY-ST-ZIP TITLE NAME	0 State	10. Election Campaign Financing Trust Fund Contribution.	g \$5.(Adde	d to Fees
Fit ADDRESS STREET ADDRESS str-ZIP CITY-ST-ZIP E Delete TILE Change NAME ST ZIP CITY-ST-ZIP E Delete TILE Change NAME ST ZIP CITY-ST-ZIP E Delete TILE Change Addition NAME ST ZIP CITY-ST-ZIP E Delete TILE Change Addition NAME ST ZIP CITY-ST-ZIP E Delete TILE Change NAME STREET ADDRESS ST ZIP CITY-ST-ZIP E Delete TILE Change Addition NAME ST ZIP CITY-ST-ZIP 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 1 am an officer or director of t	Tax filing r (See crite E E E E E E E E E E E E E E E E E E E	requirement and elects to do ria on back) OFFIC ALVAREZ, EVA L 5595 NW 72 AVE.	Intangible so.	FILE NOW After MAY 1, 20 Make Check Payat RECTORS 14 14 Delete	III FEE IS \$150.00 D00 Fee will be \$550.0 D12. TITLE NAME CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	0 State	10. Election Campaign Financing Trust Fund Contribution.	g \$5.(Adde	d to Fees
-ST-ZIP E CITY-ST-ZIP CITY-ST-ZIP E CITY-ST-ZIP E Change Change Addition NAME STREET ADDRESS CITY-ST-ZIP E Change Addition NAME STREET ADDRESS CITY-ST-ZIP E CONSTRUCT ADDRESS CITY-ST-ZIP E	Tax filling in (See crite E E KET ADDRESS Y-ST-ZIP E E ST ZIP	requirement and elects to do ria on back) OFFIC ALVAREZ, EVA L 5595 NW 72 AVE.	Intangible so.	FILE NOW After MAY 1, 20 Make Check Payak RECTORS	III FEE IS \$150.00 000 Fee will be \$550.0 ble to Department of S 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	0 State	10. Election Campaign Financing Trust Fund Contribution.	g SAND DIRECTOF	d to Fees
ET ADDRESS STREET ADDRESS ST ZP CITY-ST-ZIP E Delete ITTLE Change NAME ST ZP E Delete ITTLE NAME STREET ADDRESS ST ZIP CITY-ST-ZIP E Delete TITLE NAME ST ZIP CITY-ST-ZIP E Delete TITLE NAME ST ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information of the corporation or the receliver or trus demempowered to execoute this report as	Tax filing r (See crite E and the second E EET ADDRESS (-ST-ZIP E E ADDRESS ST ZIP E E	requirement and elects to do ria on back) OFFIC ALVAREZ, EVA L 5595 NW 72 AVE.	Intangible so.	FILE NOW After MAY 1, 20 Make Check Payak RECTORS	III FEE IS \$150.00 DOO Fee will be \$550.0 ble to Department of S 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 State	10. Election Campaign Financing Trust Fund Contribution.	g SAND DIRECTOF	d to Fees
EFF ADDRESS STREET ADDRESS ST ZIP Delele E Delele TITLE Change NAME ST ZIP E Delele TITLE NAME ST ZIP E Delele TITLE NAME STREET ADDRESS ST ZIP CITY-ST-ZIP E Delele TITLE NAME STREET ADDRESS ST ZIP CITY-ST-ZIP CITY-ST-ZIP <	Tax filling r (See crite E. A.E. EET ADDRESS (-ST-ZIP E. ST-ZIP E. E. ME EET ADDRESS	requirement and elects to do ria on back) OFFIC ALVAREZ, EVA L 5595 NW 72 AVE.	Intangible so.	FILE NOW After MAY 1, 20 Make Check Payak RECTORS	III FEE IS \$150.00 DOO Fee will be \$550.0 ble to Department of S 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	0 State	10. Election Campaign Financing Trust Fund Contribution.	g SAND DIRECTOF	d to Fees
ST ZIP CITY-ST-ZIP E Delete TITLE Addition NAME ST ZIP CITY-ST-ZIP E Delete TITLE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP E Delete TITLE CITY-ST-ZIP E Delete TITLE CITY-ST-ZIP E Delete TITLE Change NAME STREET ADDRESS ST ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 1 am an officer or director of the corporation or the receiver or truesteempowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 12 If changed, or on an attachment with a poress, with all other like empowered.	Tax filing r	requirement and elects to do ria on back) OFFIC ALVAREZ, EVA L 5595 NW 72 AVE.	Intangible so.	FILE NOW After MAY 1, 20 Make Check Payat RECTORS 14 14 Delete	III FEE IS \$150.00 D00 Fee will be \$550.0 D01 Fee will be \$550.0 D12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	0 State	10. Election Campaign Financing Trust Fund Contribution.	g SAND DIRECTOF	d to Fees
Anner ys ST ALL ST ZIP CITY-ST-ZIP L Delete TITLE CITY-ST-ZIP L Delete TTTLE Change NAME ST ZIP STREET ADDRESS CITY-ST-ZIP L Delete TITLE Change NAME ST ZIP STREET ADDRESS CITY-ST-ZIP 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 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 of the receiver or true bencharged and that my signature shall have the same legal effect as if made under oath; that I am an officer or director or changed, or on an attachment with an address, with all other like empowered.	Tax filling r (See crite E.E. ME EET ADDRESS 7-ST-ZIP EE ST ZIP EE ME EET ADDRESS Y-ST-ZIP EE	requirement and elects to do ria on back) OFFIC ALVAREZ, EVA L 5595 NW 72 AVE.	Intangible so.	FILE NOW After MAY 1, 20 Make Check Payat RECTORS 14 14 Delete	III FEE IS \$150.00 000 Fee will be \$550.0 001 Fee will be \$550.0 001 Fee will be \$550.0 12. 11L TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	0 State	10. Election Campaign Financing Trust Fund Contribution.	g SAND DIRECTOF	d to Fees
Annersy STREET ADDRESS ST ZIP CITY-ST-ZIP L Delete TITLE Change NAME NAME ST ZIP STREET ADDRESS CITY-ST-ZIP Change Interest attraction STREET ADDRESS ST ZIP CITY-ST-ZIP Interest attraction STREET ADDRESS ST ZIP STREET ADDRESS Interest attraction of the second of the second of the corporation or the receiver or trusted and that my signature shall have the same legal effect as if made under oath; that I am an officer or director or changed, or on an attachment with an address, with all other like empowered.	Tax filling r (See crite E.E. AE EET ADDRESS (-ST-ZIP E.E. ST ZIP E.E. ME EET ADDRESS Y-ST-ZIP E.E. EET ADDRESS	requirement and elects to do ria on back) OFFIC ALVAREZ, EVA L 5595 NW 72 AVE.	Intangible so.	FILE NOW After MAY 1, 20 Make Check Payat RECTORS 14 14 Delete	III FEE IS \$150.00 D00 Fee will be \$550.0 D01 Fee will be \$550.0 D01 Fee will be \$550.0 D12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 State	10. Election Campaign Financing Trust Fund Contribution.	g SAND DIRECTOF	d to Fees
ST ZIP CITY-ST-ZIP L Delete TITLE NAME STREET ADDRESS 's augusts' STREET ADDRESS 's T ZIP CITY-ST-ZIP	Tax filling to (See crite E E E ADDRESS (-ST-ZIP E E ADDRESS (-ST-ZIP E E E ADDRESS (-ST-ZIP E E E E ADDRESS (-ST-ZIP E E ST ZIP	requirement and elects to do ria on back) OFFIC ALVAREZ, EVA L 5595 NW 72 AVE.	Intangible so.	FILE NOW After MAY 1, 20 Make Check Payak RECTORS 14 14 Delete	III FEE IS \$150.00 D00 Fee will be \$550.0 D01 to Department of S 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 State	10. Election Campaign Financing Trust Fund Contribution.	g SAND DIRECTOF	d to Fees
Inter- NAME ST ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of the corporation or the receiver or trusted end 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	Tax filing to (See crite (See crite E E E E E E E E E E E E ADDRESS (-ST-ZIP E E E E E E E E E T ADDRESS (-ST-ZIP E E E E E E E T ADDRESS (-ST-ZIP E E E E E E E E E E E E E E E E E E E	requi/emeet and elects to do ria on back) OFFIC ALVAREZ, EVA L 5595 NW 72 AVE. MIAMI FL 33166	Intangible so.	FILE NOW After MAY 1, 20 Make Check Payak RECTORS 14 14 Delete	III FEE IS \$150.00 D00 Fee will be \$550.0 D01 Fee will be \$550.0 D01 Fee will be \$550.0 D12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	0 State	10. Election Campaign Financing Trust Fund Contribution.	g SAND DIRECTOF	d to Fees
STREET ADDRESS ST ZIP ST ZIP CITY-ST-ZIP CITY-ST-ZIP 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 report or supplemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an appears, with all other like empowered.	Tax filling to (See crite (See crite E E E E E E E E E E E E E E E E E E E	requi/emeet and elects to do ria on back) OFFIC ALVAREZ, EVA L 5595 NW 72 AVE. MIAMI FL 33166	Intangible so.	FILE NOW After MAY 1, 20 Make Check Payak RECTORS 14 14 Delete	I!! FEE IS \$150.00 000 Fee will be \$550.0 bit to Department of S 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 State	10. Election Campaign Financing Trust Fund Contribution.	g SAND DIRECTOF	d to Fees
ST ZIP ST ZIP 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 report or supplemental 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 trust open powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	Tax filling to (See crite E et adoress (-ST-ZIP E ST ZIP E EET ADORESS (-ST-ZIP E EET ADORESS (-ST-ZIP E EET ADORESS (-ST-ZIP E E ST ZIP E	requi/emeet and elects to do ria on back) OFFIC ALVAREZ, EVA L 5595 NW 72 AVE. MIAMI FL 33166	Intangible so.	FILE NOW After MAY 1, 20 Make Check Payak RECTORS 1	III FEE IS \$150.00 D00 Fee will be \$550.0 D01 to Department of S 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	0 State	10. Election Campaign Financing Trust Fund Contribution.	9 SAND DIRECTOF	d to Fees
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oain; that i am an olicer of director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	Tax filling in (See crite (See crite) (See	requi/emeet and elects to do ria on back) OFFIC ALVAREZ, EVA L 5595 NW 72 AVE. MIAMI FL 33166	Intangible so.	FILE NOW After MAY 1, 20 Make Check Payak RECTORS 1	III FEE IS \$150.00 D00 Fee will be \$550.0 D01 Fee will be \$550.0 D01 Fee will be \$550.0 D12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	0 State	10. Election Campaign Financing Trust Fund Contribution.	9 SAND DIRECTOF	d to Fees
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oain; that i am an olicer of director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	Tax filling in (See crite E et aloness (-ST-ZIP E ST ZIP E EET ADDRESS (-ST ZIP E EET ADDRESS (-ST ZIP E E ST ZIP E E ST ZIP E E	requi/emeet and elects to do ria on back) OFFIC ALVAREZ, EVA L 5595 NW 72 AVE. MIAMI FL 33166	Intangible so.	FILE NOW After MAY 1, 20 Make Check Payak RECTORS 1	III FEE IS \$150.00 D00 Fee will be \$550.0 D01 to Department of S 112. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME S	0 State	10. Election Campaign Financing Trust Fund Contribution.	9 SAND DIRECTOF	d to Fees
	Tax filing to (See crite (See crite EE EET ADDRESS -ST-ZIP E EE EET ADDRESS ST ZIP E E ST ZIP E E ST ZIP E E ST ZIP E E	requirement and elects to do ria on back) OFFIC P ALVAREZ, EVA L 5595 NW 72 AVE. MIAMI FL 33166		FILE NOW After MAY 1, 20 Make Check Payak RECTORS 16, 164 Delete	III FEE IS \$150.00 D00 Fee will be \$550.0 D01 Fee will be \$550.0 D01 Fee will be \$550.0 D12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	0 State AD	10. Election Campaign Financing Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS	g SAND DIRECTOF Change	d to Fees
・ 「レイル・クリット」というないがくないないです。 「「「「「「「「「「「」」」、「「「」」、「「」」、「「」」、「「」」、「「	Tax filing r (See crite at 2, 000 E E E E ADDRESS ST ZIP E E E E ADDRESS ST ZIP E E ST ZIP E ST ZIP ST ZIP E ST ZIP ST Z	requirement and elects to do via on back) OFFIC P ALVAREZ, EVA L 5595 NW 72 AVE. MIAMI FL 33166	Upplied with th	FILE NOW After MAY 1, 20 Make Check Payat Image: Check Pay	III FEE IS \$150.00 DOO Fee will be \$550.0 Dobe to Department of S 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME S	0 State AD	10. Election Campaign Financing Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS	g SAND DIRECTOF Change	d to Fees