DOCUMENT # M13207     03-05-2007 90061 044 ***130.00       Fromal Investment Corporation     DO NOT WRITE IN THIS SPACE     40023681       2. Pricepal Pase of Basines     3.00 S. Army Navy Rd.     3000 S. Army Navy Rd.       3000 S. Army Navy Rd.     300 S. Army Navy Rd.     300 S. Army Navy Rd.       3001 S. Army Navy Rd.     300 S. Army Navy Rd.     300 S. Army Navy Rd.       3001 S. Army Navy Rd.     300 S. Army Navy Rd.     300 Art 46 %       200 Coverty     20 Coverty     20 Coverty       2200 Coverty     20 Coverty     8. Certical of State Desired       2200 Coverty     20 Coverty     8. Certical of State Desired       2200 Coverty     20 Coverty     8. Certical of State Desired       2200 Coverty     20 Coverty     8. Certical of State Desired       2200 Coverty     20 Coverty     8. Certical of State Desired       2200 Coverty     20 Coverty     8. Certical of State Desired Agent Age	2007 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)						FILED Mar 05, 2007 8:00 am Secretary of State		
DO NOT WRITE IN THIS SPACE       Agg 23681       1300 S. Army Navy Rd.     1300 S. Ar									
2. Principal Pases of Business     3. Mailing Address       1300 S. Army Navy Rd.     1300 S. Army Navy Rd.       Suit Ark Reb.     Suit Ark Reb.       Chyl Saba     Chyl Saba       Arl Lington, VA     Arl Lington, VA       Arl Lington, VA     Arl Lington, VA       22202     USA       Country     22 and Country       22202     USA       Country     22 and Country       22202     USA       Country     2. Endeduced Status Desired       DO NOT WRITE IN THIS SPACE     Arl Manuel Address of Country       Country     2. Endeduced Status Desired       DO NOT WRITE IN THIS SPACE     The and Address of Country       Country     7. Manue and Address of Country Registered Address of Registered Address of Country Registery Registered Address of Country Registery Registered Add	Fromal	Investment Con	rporation	l					
2. Principal Place of Business       3. Mailing Address         1300. S. ATMUY Navy Rd.       1300 S. ALTIV Navy Rd.         Suit Act \$ 40.       Suit Act \$ 40.         Suit Act \$ 40.       Suit Act \$ 92.3         Ath Address       Country         Country       Country         Address       Country         Address       Country         Country       Country         Address       Country         Address       Country         Address       Country         Address       Country         Address       Country         Address<		DO NOT WRI	re in this	SPACE	, , ,		,		
1300     S. Army Navy Rd.     1300     S. Army Navy Rd.       Suite AV 490     Suite AV 490     Suite AV 490       Suite AV 490     Suite AV 490       County     Zip     Country       Zip     Country     Zip       Country     Zip     Country       Zip     Country     Zip       Country     Zip     Country       Zip     Country     Zip       DO NOT WRITE IN THIS SPACE     Name       DO NOT WRITE IN THIS SPACE     Name       State AV Andress of Current Registered Agent       Name     Country       Address of Current Registered Agent       State Average     No. W. 1911       State Average     State Average       State Average     State Average       State Average     State Average       State Average     State Average       DO NOT WRITE IN THIS SPACE     Note Registered Agent       Name     Average       State Average     State Average       State Average     Note Average       State Average     Note Average       State Average							40029681		
Suite 923       Suite 923       4. FEINumber       Acquied For         Cony & Sale       Or y & Sale       Centry       20°       Centry       20°       Sale       Artiington, VA       Artiington, VA       Apple       Centry       Sale       Artiington, VA       Artiington, VA       Sale       Artiington, VA       Sale       Artiington, VA       Apple       Centry       Sale	1300 S. Army Navy Rd. 1300 S. Army N				Navy Rd.				
Artlington, VA       Arlington, VA       S8-1628211       Indiversional         220       Country       2202       USA       S. Centification Status Desired       58.75.628211         2202       USA       2202       USA       S. Centification Status Desired       58.75.628211         2202       USA       2202       USA       S. Centification Status Desired       58.75.628211         DO NOT WRITE IN THIS SPACE       7. Name and Address of Current Registered Agent									
20p       Country       Zip       Country       s. Centificate of Status Desired       St375 Acadional         22202       USA       2202       USA       s. Centificate of Status Desired       St375 Acadional         DO NOT WRITE IN THIS SPACE         Name and Address of Current Registered Agent         Name and Address (PO Ber Number is Not Acceptable)         7300 N.W. 19th St., Suite         Street Address (PO Ber Number is Not Acceptable)         7300 N.W. 19th St., Suite         City         Market Over Ammed entity submits this statement for the purpose of changing its registered office or registered agent.         Site Address (PO Ber Number is Not Acceptable)         The above named entity submits this statement for the purpose of changing its registered Agent togature regume when reinstaining)         And Control         Address (PO Ber Number is Not Acceptable)         <	· · ·				A				
Name       Valle, Manuel R.         Street Address (PC Box Number is Not Acceptable)       7.300 N. W 19th St Suite 101	,	USA	Zip 22202	c U	ountry		Certificate of Status Desired		
del Valle, Manuel R.         Strate Address (PC Box Number is Not Acceptable)         7300 N.W. 19th St., Suite 101         Cip         Cip         Cip         Strate advess (PC Box Number is Not Acceptable)         Strate advest (PC Box Number is Not Acceptable)         January 1 - May I Feel is 5150.00 Amended UBR is 51.26 Make Check Paysible for foriad Department of State         0.       OFFICERS AND DIRECTORS         The       Martinez, Rafael         The       Mart in ez, Nafael         Mare advest (PC Box Number is Not Acceptable)       The Mare is need Advest (PC Box Number is Not Acceptable)         Notes       Griv.sr.zp         DD NOT WRITE IN THIS SPACE         Nite       Mare is need Advest (PC Box Number is Not Acceptable)         Nite       Mare is need Advest (PC Box Number is Not Acceptable)         Nite       Mare is need Advest (PC Box Number is Not Acceptable)		DO NOT WRITE IN				7. Nar	ne and Address of Current Registered	Agent	
1/300 N.W. 19th St., Suite 101       Civ     M1ami       Civ     M1ami       B. The above named entily submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Lam familiar with, and accept the obligations of registered agent and tills of applicable. (NOTE: Registered Agent separater sequined when reinstaining)     DATE       SIGNATURE     Separater. Syned or private name of registered agent and tills of applicable. (NOTE: Registered Agent separater sequined when reinstaining)     DATE       January 1- May 1 Feet is 558.000 Amended UBR is 581.26     (NOTE: Registered Agent separater sequined when reinstaining)     DATE       January 1- May 1 Feet is 558.000 Amended UBR is 581.26     9. Efection Campaign Financing     \$5.00 May Be Added to Fees       Mate Check Provide for private agent and tills of applicable of private agent.     OFFICERS AND DIRECTORS     Intell       Maxe     OFFICERS AND DIRECTORS     Intell     Wate       Mast Addees     San Juan, PR 00907-3248     orty-sr-28     DO NOT WRITE IN THIS SPACE       Mate     Intell     Mate       Mate     Sinter Addess     orty-sr-28       Orty-sr-28     Sinter Addess     orty-sr-28       Orty-sr-28     Sinter Addess     orty-sr-28       Intell     Mate     Mate       Mate     Site Addess     orty-sr-28       Intell     Mate     Mate       Mate					del Va	<u>alle</u>	, Manuel R.		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.     SIGNATURE     Signature types or printed name of registered agent and titls if applicable     (NOTE: Registered Agent signature required when reinstating)     OATE     Jensionary 1- May 1 Fact is 5150.00     Amended UBR is 5510.00     Amended UBR is 70 Price State     OFFICERS AND DIRECTORS     Thut     D/P/S/T     Make     Mart Line Z, Rafael     Thut     Make     San Juan, PR 00907-3248     Thut     Make     San Juan, PR 00907-3248     Thut     Make     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     Thut     Make     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     Thut     Make     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     Thut     Make     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     Thut     Make     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     Thut     Make     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     Thut     Make     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     That     Make     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     Thut     Make     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     Thut     Make     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     Thut     Make     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     Thut     Make     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     GTY-ST-2P     GTY-ST-2P     GTY-ST-2P     GTY-ST-2P     GTY					Street Addre 7300 1	ess (P.O. 1 . W .	Box Number is Not Acceptable) 19th_St., Suite 1	01	
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.     SIGNATURE     Signature types or printed name of registered agent and titls if applicable     (NOTE: Registered Agent signature required when reinstating)     OATE     Jensionary 1- May 1 Fact is 5150.00     Amended UBR is 5510.00     Amended UBR is 70 Price State     OFFICERS AND DIRECTORS     Thut     D/P/S/T     Make     Mart Line Z, Rafael     Thut     Make     San Juan, PR 00907-3248     Thut     Make     San Juan, PR 00907-3248     Thut     Make     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     Thut     Make     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     Thut     Make     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     Thut     Make     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     Thut     Make     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     Thut     Make     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     Thut     Make     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     That     Make     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     Thut     Make     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     Thut     Make     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     Thut     Make     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     Thut     Make     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     Sitest Address     GTY-ST-2P     DO NOT WRITE IN THIS SPACE     GTY-ST-2P     GTY-ST-2P     GTY-ST-2P     GTY-ST-2P     GTY									
					City	-	FI	Zip Code	
and accept the obligations of registered agent.  SIGNATURE  Signature, typed or ported name of registered agent and lite if applicable (NOTE: Registered Agent signature required when reinstalling)  After May 1 Fee is \$5600 After May 1 Fee is \$560 After May 1 Fee is \$5600 After May 1 Fee is \$560 After May 1 Fee is \$560 After May 1 Fee is \$6125 Make Check Payable to Florida Department of State  0.  OFFICERS AND DIRECTORS  THE  D/P/S/T Wat Bitter ADDRESS 701 Ponce de Leon Ave., Suite 407 STREETADDRESS OTY-ST-2P  THE Wat STREETADRESS OTY-ST-2P  THE Wat STREETADRESS OTY-ST-2P  DO NOT WRITE IN THIS SPACE  THE Wat STREETADRESS OTY-ST-2P  THE STREETADRESS OTY-ST-2P  THE STREETADRESS OTY-ST-2P  THE STREETADRESS OTY-ST-2P  THE STREETADRESS OTY-ST-2P  STREETADRESS OTY-ST-2P  THE STREETADRESS	8. The above	anamed entity submits this staten	nent for the purpos	e of changing		or registe			
TITLE       D/P/S/T         MWE       Martinez, Rafael         TITLE       MWE         Martinez, Rafael       Street noness         CIV-st-zp       San Juan, PR 00907-3248         TITLE       MWE         STRET NONEss       CIV-st-zp         San Juan, PR 00907-3248       TITLE         MWE       Street Noness         CIV-st-zp       CIV-st-zp         TITLE       MWE         STRET NONEss       CIV-st-zp         DO NOT WRITE IN THIS SPACE         TITLE       MWE         STRET NONEss       CIV-st-zp         DO NOT WRITE IN THIS SPACE         TITLE       MWE         STRET ADDRESS       CIV-st-zp         TITLE<	Make Check	After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department							
strater ADDRESS       701 Ponce de Leon Ave., Suite 407       strater ADDRESS         ctv.sr.zp       San Juan, PR 00907-3248       ctv.sr.zp         thte       mte       mte         NME       strater ADDRESS       ctv.sr.zp         ctv.sr.zp       ctv.sr.zp       mte         NME       strater ADDRESS       ctv.sr.zp         ctv.sr.zp       ctv.sr.zp       DO NOT WRITE IN THIS SPACE         Inter       MME       strater ADDRESS         ctv.sr.zp       ctv.sr.zp       DO NOT WRITE IN THIS SPACE         Inter       MME       strater ADDRESS         ctv.sr.zp       ctv.sr.zp       DO NOT WRITE IN THIS SPACE         Inter       MME       strater ADDRESS         ctv.sr.zp       ctv.sr.zp       DO NOT WRITE IN THIS SPACE         Inter       MME       strater ADDRESS         ctv.sr.zp       ctv.sr.zp       ctv.sr.zp         Inter       NME       strater ADDRESS         ctv.sr.zp       ctv.sr.zp       ctv.sr.zp         Inter       NME       strater ADDRESS         ctv.sr.zp       ctv.sr.zp       ctv.sr.zp         Inter       NME       strater ADDRESS         ctv.sr.zp       ctv.sr.zp       ctv.sr.zp			DIRECTORS	• • • •	TITLE	•			
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CITY-ST-ZIP       CITY-ST-ZIP       DO NOT WRITE IN THIS SPACE         TITLE       TITLE       TITLE         NME       STREET ADDRESS       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         TITLE       NME       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP       TITLE         NME       STREET ADDRESS       CITY-ST-ZIP         TITLE       NME       STREET ADDRESS         CITY-ST-ZIP       TITLE       NME         STREET ADDRESS       CITY-ST-ZIP       TITLE         NME       STREET ADDRESS       CITY-ST-ZIP         12. 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 exclurate 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					-				
TITLE       TITLE         NME       STREET ADDRESS         GTY - ST - 2IP       GTY - ST - 2IP         TITLE       TITLE         NAME       STREET ADDRESS         GTY - ST - 2IP       TITLE         NAME       STREET ADDRESS         GTY - ST - 2IP       TITLE         NAME       STREET ADDRESS         GTY - ST - 2IP       GTY - ST - 2IP         TITLE       NAME         STREET ADDRESS       GTY - ST - 2IP         TITLE       NAME         STREET ADDRESS       GTY - ST - 2IP         TITLE       NAME         STREET ADDRESS       GTY - ST - 2IP         TITLE       NAME         STREET ADDRESS       GTY - ST - 2IP         TITLE       NAME         STREET ADDRESS       GTY - ST - 2IP         TITLE       NAME         STREET ADDRESS       GTY - ST - 2IP         T12.       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 exclurate and that my signature shall have the same tegal effect as if made under oath; that I am an officer or director of the corporation or the receiver or twatstee empowered to execute thits report as required by C						r		BACE	
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GTY - ST - ZIP       GTY - ST - ZIP         TITLE       TITLE         NAME       STREET ADDRESS         GTY - ST - ZIP       GTY - ST - ZIP         TITLE       NAME         STREET ADDRESS       GTY - ST - ZIP         TITLE       TITLE         NAME       STREET ADDRESS         GTY - ST - ZIP       TITLE         NAME       STREET ADDRESS         GTY - ST - ZIP       TITLE         NAME       STREET ADDRESS         GTY - ST - ZIP       GTY - ST - ZIP         12. 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 eccurate 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.         SIGNATURE:       Rafael Martinez       MATAT 787-721-1140									
NAME       NAME         STREET ADDRESS       STREET ADDRESS         CITY - ST - ZIP       CITY - ST - ZIP         THLE       TITLE         NAME       STREET ADDRESS         CITY - ST - ZIP       TITLE         NAME       STREET ADDRESS         CITY - ST - ZIP       TITLE         NAME       STREET ADDRESS         CITY - ST - ZIP       STREET ADDRESS         CITY - ST - ZIP       CITY - ST - ZIP         12. 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 nucleated 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 truestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.         SIGNATURE:       Rafael Martinez Martinez       Martinez									
STREET ADDRESS       STREET ADDRESS         CTY - ST - ZIP       CTY - ST - ZIP         HILE       TITLE         NAME       STREET ADDRESS         CTY - ST - ZIP       TITLE         NAME       STREET ADDRESS         CTY - ST - ZIP       CTY - ST - ZIP         12. 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 twatte empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.         SIGNATURE:       Rafael Martinez       MAMON 787-721-1140				_			· · · · ·		
CITY-ST-ZIP       CITY-ST-ZIP         INLE       INLE         NAME       STREET ADDRESS         CITY-ST-ZIP       STREET ADDRESS         STREET ADDRESS       STREET ADDRESS         CITY-ST-ZIP       STREET ADDRESS         STREET ADDRESS       STREET ADDRESS         STREET OF COMPACT SUPPLEMENT OF SUPPLEMENT STREET ADDRESS       STREET ADDRESS         STREET OF COMPACT SUPPLEMENT OF SUPPLEMENT STREET ADDRESS       STREET ADDRESS         STREET OF COMPACT SUPPLEMENT OF SUPPLEMENT STREET ADDRESS       STREET ADDRESS         STREET OF COMPACT OF SUPPLEMENT STREET ADDRESS       STREET ADDRESS         STREET OF COMPACT OF SUPPLEMENT STREET ADDRESS       STREET ADDRESS         STREET OF COMPACT OF SUPPLEMENT STREET ADDRESS       STREET ADDRESS         STREET OF COMPACT OF SUPPLEMENT STREET ADDRESS       STREET ADDRESS         STREET ADDRESS       STREET ADDRESS       STREET ADDRESS         STREET ADDRESS       STREET ADDRESS       STREET ADDRESS         STREET ADDRESS       STREET ADDRESS       STREET ADDRESS <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>									
NAME       NAME         STREET ADDRESS       STREET ADDRESS         CITY - ST - ZIP       STREET ADDRESS         CITY - ST - ZIP       STREET ADDRESS         CITY - ST - ZIP       STREET ADDRESS         SIGNATURE:       Rafael Martinez         Rafael Martinez       NAME         SIGNATURE:       Rafael Martinez	CITY - ST - ZIP								
STREET ADDRESS       STREET ADDRESS         GTY - ST - ZIP       GTY - ST - ZIP         12. 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 twestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.         SIGNATURE:       Rafael Martinez       Martinez       Martinez								·	
12. 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 twestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. SIGNATURE: Rafael Martinez 2020/07 787-721-1140	STREET ADDRESS				STREET ADDRESS				
	12. I hereby co informatio an officer of	n indicated on this report or suppl or director of the corporation or th	emental report is t e receiver or truste	rue and accurate empowered	or the exemption stat the and that my sign to execute this repo	ature sha	It have the same legal effect as if made up	nder oath: that I am	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	SIGNAT								