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4. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legar effect as if made update of the same legar of the same legar effect as if the same legar of the same legar effect as if the same legar of the same legar.	agent 1 a agent 1 a agent 1 a agent 1 a SIGNATURE 2. ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP	PD DIAZ, JOSE 1 426 SW 1011	A.	or Fiorical Stu ations of, Sect	CHICHARGE WAS IND 607 05/35, F ANNO 107 05/35, F S DELETE DELETE DELETE DELETE DELETE	aution/24C loorida Stat 13, 1111 12N 13S 14C 2111 12N 23S 24C 3111 32N 34S 34C 4111 42N 43S 44C 5111 52N 53S 54C 6111 62N	All ADDRESS CITY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TILE AME CITY-ST-ZIP CITE CITY-ST-ZIP CITE CITY-ST-ZIP CITE CITY-ST-ZIP CITE CITY-ST-ZIP CITE CITY-ST-ZIP CITE CITY-ST-ZIP CITE CITY-ST-ZIP CITE CITY-ST-ZIP CITE CITY-ST-ZIP CITE CITY-ST-ZIP CITE CITY-ST-ZIP CITE CITY-ST-ZIP CITE CITY-ST-ZIP CITY-ST	non's board of directors. Thereby accept		Addition
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