## **2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N09396**

1. Entity Name

## ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCI ATION, GREATER MIAMI AREA CHAPTER, INC.



**FILED** Apr 18, 2003 8:00 am Secretary of State
04-18-2003 90120 031 \*\*\*\*70.00

| NAME PL 20161  NAME P  |                                |  | ·                                       |                        |  |   |  |                     |                 |  |
|---|--------------------------------|--|---|------------------------|--|---|--|---------------------|-----------------|--|
| NAME PL 30161  SO NAME PL 4 - etc.  City & State  So Country    | •                              |  | -                                       |                        |  |   |  |                     |                 |  |
| NAME PLOSES B. S. Mailling Address S. Mailling Address Suite. April 4, etc.  Cov. 6 Shale  Cov. 6 Sh  |                                |  | - · · · · · · · · · · · · · · · · · · · |                        |  |   |  |                     |                 |  |
| 2. Principal Place of Business  Surto, April # etc.   Surto, April # etc.   CHECK HURTE IN MAKING CHANGES  City & State   Chiy & State   Chiy & State   A. FEI Number 59-2483380   Applied For Not Applicable of Chiy & State   A. FEI Number 59-2483380   Applied For Not Applicable of Chiy & State   A. FEI Number 59-2483380   Applied For Not Applicable of Chiy & State   A. FEI Number 59-2483380   Applied For Not Applicable of Chiy & State   A. FEI Number 59-2483380   Applied For Not Applicable of Chip & State   Applied For Not Applied Fo  |                                | 161  |   |                        |  |   |  |                     |                 |  |
| Surio, Api, #, etc.   Surio, Api, #, etc.   CHECK HERE IF MAKING CHANGES  City & State   Chy & State   Chy & State   Chy & State   A, FEI Number 59-2483380   Applied For Not   | US                             |  | US                                      |                        |  | <b>                                    </b> | II (B) I O III IO IBI IO IO II OI II IO II | <u> </u>            |                 |  |
| City & State  Ci  | 2. Principal Place of Business |  | 3. Mailing Address                      |                        | ···········                                      |   |  |                     |                 |  |
| Name and Address of Gurrent Registered Agent   T. Name and Address of New Registered Agent   T. Name and Address    | Suite, Apt.                    | #, etc.  | Suite, Apt. #, etc.                     |                        |  | CHECK HERE IF MAKING CHANGES                |  |                     |                 |  |
| See Country       | City & State                   |  | City & State                            |                        |  | 4. FEI Number 59                            | -2483380                                   | <u> </u>            |                 |  |
| EDWARD, ROSA J 825 COLLINS AVE APT 1607 MAMI FL. 33140  8. The above named entry submits this statement for the purpose of changing its repistered diffice or registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of Registered Agents.  10. OFFICERS AND DIFFECTORS IN 10  11. Adoptionsory of Registered Agents 12. OFFICERS AND DIFFECTORS IN 10  12. Adoption Agent advances to Control of R  | Zip                            |  | Zip                                     | Country                |  | 5. Certificate of St                        | atus Desired 🔯                             | \$8.75 Ad           | ditional        |  |
| EDWARD, ROSA J 825 COLLINS AVE APT 1607  MAMI FL 33140  Street Address ED. Box Number in National State Provided Agent of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligation of Florida Department of State  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Addition.  MAME  GLAZER, DAVID ESO  STREET AURIESS.  OTH-51-2P  OTHE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  David  |                                | 6. Name and Address of Current                         | Registered Agent                        |                        |  | 7. Name and Add                             | ress of New Register                       |                     |                 |  |
| EDWARD, ROSA J  Screek Adverses (CO. Sex Mumber is Not Adverse  |                                |  |   | Name                   | BREI   | WOA M. JO                                   | HNSON                                      |                     |                 |  |
| MIAMI FL 33140  City Pompano Beach FL 33062  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligation of t  |                                | Street A   |   |                        |  |   |  |                     |                 |  |
| City POMPANO BEACH FL 3330d2  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both in the State of Florida. I am familiar with, and accept the obligation of Poor added to Fleet I added to  |                                |  |   | 14                     | 405  | OCEAN                                       | BLVD #                                     | <u> 7-C</u>         |                 |  |
| B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Fiorida. I am familiar with, and accept the obligation of the obl  | MIAMI FL                       | 33140  |   |                        |  |   |  |                     |                 |  |
| THE NOW: FEE IS \$61.25  P. Election Campaign Financing Added to Fees Trust Fund Contribution.  DEFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  STREET ADDRESS OFFICERS AND DIRECTORS IN 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  STREET ADDRESS TO OFFICERS AND DIRECTORS IN 10.  TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  TITLE NOW. STREET ADDRESS OF ADDRESS TO OFFICERS AND DIRECTORS IN 10.  TITLE ADDRESS OF ADDRESS OF ADDRESS OF ADDRESS OF ADDRESS OFFICERS AND DIRECTORS OF ADDRESS OFFI THE ADDRES |                                |  |   |                        |  |   |  |                     |                 |  |
| SIGNATURE    Survive, bytest or printed name glyGittered sport and lite it application.   NOTE Registered Apart signature request when reneatoring)   Date  |                                |  | the purpose of changing its             | registered office o    | or registere                                     | ed agent, or both, in                       | the State of Florida.                      | am familiar with,   | and accept      |  |
| FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITIE SD GAZER, DAVID ESO STREET ADDRESS OUTY-ST-ZIP AND MAME LASRIS, LEE SIREET ADDRESS OUTY-ST-ZIP BAY HARBOR ISLANDS FL 33154  TITLE DV RIZON VERNA SIREET ODERS OUTY-ST-ZIP BAY HARBOR ISLANDS FL 33154  TITLE DV RIZON VERNA SIREET ADDRESS OUTY-ST-ZIP BAY HARBOR ISLANDS FL 33154  TITLE DV RIZON VERNA SIREET ADDRESS OUTY-ST-ZIP BAY HARBOR ISLANDS FL 33154  TITLE DV SIREET ADDRESS OUTY-ST-ZIP BAY HARBOR ISLANDS FL 33154  TITLE DV SIREET ADDRESS OUTY-ST-ZIP BAY HARBOR ISLANDS FL 33154  TITLE DV SIREET ADDRESS OUTY-ST-ZIP BAY HARBOR ISLANDS FL 33154  TITLE DV SIREET ADDRESS OUTY-ST-ZIP BAY HARBOR ISLANDS FL 33154  TITLE DV SIREET ADDRESS OUTY-ST-ZIP BAY HARBOR ISLANDS FL 33154  TITLE DV SIREET ADDRESS OUTY-ST-ZIP BAY HARBOR ISLANDS FL 33154  TITLE DV SIREET ADDRESS OUTY-ST-ZIP BAY HARBOR ISLANDS FL 33154  TITLE DV SIREET ADDRESS OUTY-ST-ZIP BAY HARBOR ISLANDS FL 33154  TITLE DV SIREET ADDRESS OUTY-ST-ZIP BAY HARBOR ISLANDS FL 33154  TITLE DV SIREET ADDRESS OUTY-ST-ZIP SIREET ADDR | ine obligat                    | Co. 1 M  |   |                        |  |   |  |                     |                 |  |
| FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITIE SD GAZER, DAVID ESO STREET ADDRESS OUTY-ST-ZIP AND MAME LASRIS, LEE SIREET ADDRESS OUTY-ST-ZIP BAY HARBOR ISLANDS FL 33154  TITLE DV RIZON VERNA SIREET ODERS OUTY-ST-ZIP BAY HARBOR ISLANDS FL 33154  TITLE DV RIZON VERNA SIREET ADDRESS OUTY-ST-ZIP BAY HARBOR ISLANDS FL 33154  TITLE DV RIZON VERNA SIREET ADDRESS OUTY-ST-ZIP BAY HARBOR ISLANDS FL 33154  TITLE DV SIREET ADDRESS OUTY-ST-ZIP BAY HARBOR ISLANDS FL 33154  TITLE DV SIREET ADDRESS OUTY-ST-ZIP BAY HARBOR ISLANDS FL 33154  TITLE DV SIREET ADDRESS OUTY-ST-ZIP BAY HARBOR ISLANDS FL 33154  TITLE DV SIREET ADDRESS OUTY-ST-ZIP BAY HARBOR ISLANDS FL 33154  TITLE DV SIREET ADDRESS OUTY-ST-ZIP BAY HARBOR ISLANDS FL 33154  TITLE DV SIREET ADDRESS OUTY-ST-ZIP BAY HARBOR ISLANDS FL 33154  TITLE DV SIREET ADDRESS OUTY-ST-ZIP BAY HARBOR ISLANDS FL 33154  TITLE DV SIREET ADDRESS OUTY-ST-ZIP BAY HARBOR ISLANDS FL 33154  TITLE DV SIREET ADDRESS OUTY-ST-ZIP BAY HARBOR ISLANDS FL 33154  TITLE DV SIREET ADDRESS OUTY-ST-ZIP SIREET ADDR | SIGNATURE "MULAVUK. AMMALL"    |  |   |                        |  |   |  |                     |                 |  |
| Trust Fund Contribution.   Added to Foes   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   SD   CAZER, DAVID ESQ   Delete   TITLE   DAVID STREET   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP    TITLE   DP   Delete   TITLE   DAVID STREET   DELETE     | SIGNATURE                      | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE           | Registered Agent signa | ture required w                                  | when reinstating)                           | DA   | TE                  |                 |  |
| Trust Fund Contribution.   Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   SD   CAZER, DAVID ESQ   Delete   TITLE   DAVID STREET   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP    TITLE   DP   Delete   TITLE   DAVID STREET   CITY-ST-ZIP   CITY-ST-ZIP    TITLE   DV   Delete   TITLE   DAVID STREET   CITY-ST-ZIP    TITLE   DV   Delete   TITLE   DV   Delete   DAVID STREET ADDRESS    STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP    TITLE   DV   Delete   TITLE   DAVID STREET   CITY-ST-ZIP    TITLE   DV   Delete   TITLE   DAVID STREET   CITY-ST-ZIP    TITLE   DV   Delete   TITLE   DAVID STREET   CITY-ST-ZIP    TITLE   DV   Delete   TITLE   DELET   Change   Addition    TITLE   DAVID STREET ADDRESS   CITY-ST-ZIP    TITLE   DELET   DELET   DELET   CHANGE   CITY-ST-ZIP    TITLE   DAVID STREET ADDRESS   CITY-ST-ZIP    TITLE   DELET   |                                |  |   |                        |  |   | 0.   |                     |                 |  |
| TITLE SD GLAZER, DAVID ESO GLAZER, DAVID ESO GLAZER, DAVID ESO GLAZER, DAVID ESO STREET ADDRESS CITY-ST-ZIP GLAZER, DAVID ESO GLAZER, DAVID ESO STREET ADDRESS CITY-ST-ZIP GLAZER, DAVID ESO GLA  | EUC NOW FEE IN MOLZO           |  |   |                        |  |   |  |                     |                 |  |
| TITLE SD GLAZER, DAVID ESO GLAZER, DAVID ESO GLAZER, DAVID ESO GLAZER, DAVID ESO STREET ADDRESS CITY-ST-ZIP GLAZER, DAVID ESO GLAZER, DAVID ESO STREET ADDRESS CITY-ST-ZIP GLAZER, DAVID ESO GLA  | 10                             | OFFICERS AND DIE                                       | ECTORS                                  | 11                     | Δ1   | DOITIONS/CHANGE                             | S TO OFFICERS AND                          | DIRECTORS IN        | 110             |  |
| ADVENTURA FL 33180  CITY-ST-ZIP  DP  LASRIS, LEE  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  DV  REIZEN, VERNA  TITLE  NAME  1230 100TH STREET  BAY HARBOR ISLANDS FL 33154  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS  |                                |  |   | _                      |  |   |  |                     |                 |  |
| ADVENTURA FL 33180  CITY-ST-ZIP  DP  LASRIS, LEE  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  DV  REIZEN, VERNA  TITLE  NAME  1230 100TH STREET  BAY HARBOR ISLANDS FL 33154  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS  | NAME                           | GLAZER, DAVID ESQ                                      | L Delete                                |                        | BREL   | OF M AGU                                    | INSON                                      | مر ا                | \(\frac{1}{2}\) |  |
| Delete  | STREET ADDRESS                 |  |   | STREET ADDRESS         | 1440   | S. OCEAN                                    | BLUD # 1                                   | - C                 |                 |  |
| Delete  | CITY-ST-ZIP                    |  |   | CITY-ST-ZIP            | POM  | PANO BEN                                    | 1CH, FL 33                                 | 062                 |                 |  |
| STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131  TITLE NAME REIZEN, VERNA 1230 100TH STREET BAY HARBOR ISLANDS FL 33154  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | TITLE                          |  | ☐ Delete                                | TITLE                  |  |   |  | _                   | ☐ Addition      |  |
| CITY-ST-ZIP  MIAMI FL 33131**  CITY-ST-ZIP  DV  REIZEN, VERNA  1230 100TH STREET  BAY HARBOR ISLANDS FL 33154  TITLE  D  EDWARD, ROSA J  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33140  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | NAME                           |  |   |                        |  |   |  |                     |                 |  |
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| CITY-ST-ZIP  BAY HARBOR ISLANDS FL 33154  CITY-ST-ZIP  TITLE NAME EDWARD, ROSA J STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                                |  |   |                        |  |   |  |                     |                 |  |
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| NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33140  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | TITLE                          |  | ₩ Delete                                | TITLE                  |  |   |  | Change              | Addition        |  |
| CITY-ST-ZIP MIAMI FL 33140  CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP   |                                | EDWARD, ROSA J   | A                                       |                        | ]  |   |  |                     | _ ' '           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP  Change Addition NAME STREET ADDRESS CITY-ST-ZIP  Change Addition Change Addition Change Addition Change Change CITY-ST-ZIP   | STREET ADDRESS                 | 2625 COLLINS AVE APT 1607                              |   | STREET ADDRESS         |  |   |  |                     |                 |  |
| NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP  | CITY-ST-ZIP                    | MIAMI FL 33140   |   | CITY-ST-ZIP            |  |   |  |                     |                 |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  CHange Addition NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  | TITLE                          |  | ☐ Delete                                | TITLE                  |  |   |  | ☐ Change            | ☐ Addition      |  |
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| CITY-ST-ZIP CITY-ST-ZIP   |                                |  |   | 4                      |  |   |  |                     |                 |  |
|   | CITY-ST-ZIP                    |  |   | •                      | 1  |   |  |                     |                 |  |
|   |                                | ertify that the information supplied with              | this filing does not qualify for        |                        | ted in Sec                                       | tion 119.07/3)(i) Flo                       | rida Statutes I further                    | certify that the in | nformation      |  |

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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addition, with all other like empowered.

SIGNATURE:

BRENDA M. JOHNSON 4-15-03 305-891-6228