Suite, Apl. #, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. City & State Trust Fund Contribution Statutes Step Cooperation has liability for intangible tax under s. 199.032, Florida Statutes Florida Statutes Street Address of New Registered Agent Street Address of New Registered Agent Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address of New Registered Agent Street Address of New Registered Office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am strength of the purpose of changing its registered agent. I am strength of the purpose of changing its registered agent. I am strength of the purpose of changing its registered agent. I am strength of the purpose of changing its registered agent. I am strength of the purpose of changing its registered agent. I am strength of the purpose of changing its registered agent. I am strength of the purpose of changing its registered agent. I am strength of the purpose of changing its registered agent. I am strength of the purpose of changing its registered agent. I am strength of the purpose of changing its registered agent. I am strength of the purpose of changing its registered age	FILE NOW: NONPROFIT CORPORATION ANNUAL REPORT 1996	FL	ORIDA DEPARTM Sandra B. M Secretary o DIVISION OF COR	E DF STATE on m			
### PROUSALEM, INC. Principal Place of Business All All All All Principal Place of Busi	DOCUMENT # N37	7430	(8)				
SER NW 15 RE MAM F	DEFENDERS OF THE CHRIS JERUSALEM, INC.	STIAN FAITH CHU	rch, the Ne	w			
### Process of Business 2. Principal Place of Business 2. Morror Actinges 2. Principal Place of Business 2. Principal Place of Busin		ū			() DO () () DO () () () () () () () () () (TTOIN DIBIT HOOF
2. Principal Place of Business							
22 Suho, April 4, etc. 23 Suho, April 4, etc. 24 Suho, April 4, etc. 25 Suho, April 4, etc. 26 Suho, April 4, etc. 27 Suho, April 4, etc. 28 Suho, April 4, etc. 29 Suho, April 4, etc. 20 Suho, April 4, etc. 21 Suho, April 4, etc. 22 Suho, April 4, etc. 23 Suho, April 4, etc. 24 Suho, April 4, etc. 25 Suho, April 4, etc. 26 Suho, April 4, etc. 27 Suho, April 4, etc. 28 Suho, April 4, etc. 29 Suho, April 4, etc. 20 Suho, April 4, etc. 21 Suho, April 4, etc. 21 Suho, April 4, etc. 21 Suho, April 4, etc. 22 Suho, April 4, etc. 23 Suho, April 4, etc. 24 Suho, April 4, etc. 25 Suho, April 4, etc. 26 Suho, April 4, etc. 27 Suho, April 4, etc. 28 Suho, April 4, etc. 29 Suho, April 4, etc. 20 Suh					 Date Incorporated or Qualifit 04/03/1990 		
Suite, Apt 4, etc. Suite, Apt 4, etc. Suite Status Desired Status		Auf 26 P	Address Box (010099	4. FEI Number 65-0359517	¥+	
Coury S Date 20 Coury S D D D Coury S D D D D D D D D D D D D D D D D D D		Suite, A			5. Certificate of Status Desired	\$8.75	Additional
29 3 3 / LV 3 25 20 20 3 2	City & State 23 M 14 M 1 F 10 C 1 C	City 8.5	Viami B	earch, Fl	, , ,	g 🞵 \$5.0	0 May Be
B. Name and Address of Current Registered Agent FIGUEROA, RUBEN REV. 521 N.E. 142 ST. MIAMI FL 33161 18 Disy FL	Zip 3 2 / 1 / Country/6	A 33	1104	CONTOA	8. This corporation has liability	for intangible taxunder s.	
FIGUEROA, RUBEN REV. 521 N.E. 142 ST. MIAMI FL 33161 33 44 City FL ST 20 Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office for residence in Product Statutes, the above-named corporation submits this statement for the purpose of changing its registered office for residence in Product Statutes, the above-named corporation submits this statement for the purpose of changing its registered office for residence in Product Statutes, the above-named corporation submits this statement for the purpose of changing its registered office for residence in Product Statutes, the above-named corporation submits this statement for the purpose of changing its registered office for residence in Product Statutes, the above-named corporation submits this statement for the purpose of changing its registered office for residence in Product Statutes, the above-named corporation submits this statement for the purpose of changing its registered office for statement in Product Statement of	9, Name and Address of			81 Name	10. Name and Address of Ne		
MIAMI FL 33161 94 City FL 85 Zip Code					Address (P.O. Box Number is Not Accep	otable)	
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am formation in the purpose of change is the provision of 17,0003, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. THE LAND ST. 15. STREET ADDRESS SIGNATURE PD FIGUEROA, RUBEN REV. 521 NE. 142ND ST. 15. STREET ADDRESS SIGNATURE PROFILE 11 THE 15					· · · · · · · · · · · · · · · · · · ·		
11. Persuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-harmed corporation's board of directions such that provisions of the provisions of Sections 617.0502, Florida Statutes, the above-harmed corporation's board of directions. I hereby accept the appointment as registered agent. I am Internation with, and accept the obligations of, Section 617.0503, Florida Statutes. ISGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. Intit. PD. DELETE 11. Intit. PD. DELETE 11. Intit. ITIT. PD. DELETE 11. Intit. ITIT. I				84 City		85 Ziş	o Code
SIGNATURE Squature, typical or protect narmer of repulsation agent and this flacebooks. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD GRAPP Addition FIGUEROA, RUBEN REV. 521 N.E. 142ND ST. MIAMIF IS 3161 DELETE 21 TITLE NAME SIRRET ADDRESS FIGUEROA, DALLA 22 NAME 22 NAME 23 SIRRET ADDRESS MIAMIF IS 33161 DELETE 21 TITLE NAME SIRRET ADDRESS MIAMIF IS 33161 DELETE 21 TITLE DST ALICANO, CARMEN 33 SIRRET ADDRESS CITY-ST-2P ALICANO, CARMEN 33 SIRRET ADDRESS CITY-ST-2P TITLE DST ALICANO, CARMEN 33 SIRRET ADDRESS CITY-ST-2P TITLE DELETE 31 TITLE ALICANO, CARMEN 33 SIRRET ADDRESS CITY-ST-2P TITLE ALICANO, CARMEN 33 SIRRET ADDRESS CITY-ST-2P TITLE ALICANO, CARMEN 34 SIRRET ADDRESS CITY-ST-2P TITLE DELETE 51 TITLE CITY-ST-2P TITLE CITY-ST	11. Pursuant to the provisions of Sections 6	17.0502 and 617.1508, F		1 1			
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE FIGUEROA, RUBEN REV. 521 N.E. 142ND ST. MIAMI FL 33161 14 CITY-S1-ZIP TILE DELETE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TOTAL THE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TOTAL THE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TOTAL THE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE CHANGE ADDITIONS	or registered agent, or both, in the State	of Florida. Such change	lorida Statutes, the was authorized by	above-named co	rporation submits this statement for the board of directors. I hereby accept the a	purpose of changing its reppointment as registered	egistered office
Change Addition	SIGNATURE					purpose of changing its rappointment as registered	egistered office agent. I am
Change Addition	SIGNATURE Signature, typed or printed name of regist 12. OFFICE	tered agent and title if applicable.	(NOTE: Regi	stered Agent signature re	equired when reinstating)	DATE	
Change Addition Change Change Addition Change Change Addition Change Change Change Change Change Addition Change	SIGNATURE Signature, typed or printed name of regist 12. OFFICE TITLE PD	tered agent and title if applicable. ERS AND DIRECTORS	(NOTE: Regi	stered Agent signature re 13.	equired when reinstating)	DATE DEFICERS AND DIRECTO	
NAME SIRET ADDRESS 521 NE 142ND ST. CITY-ST-ZIP MAMI FL 33161 DELETE DST ALICANO, CARMEN 398 NE 171 TERRACE D N MIAMI BEACH FL DELETE ALICANO, CARMEN 33 STREET ADDRESS CITY-ST-ZIP N MIAMI BEACH FL DELETE ALICANO, CARMEN 33 STREET ADDRESS CITY-ST-ZIP DELETE ALICANO ALICANO ALICANO ADDRESS CITY-ST-ZIP DELETE ALICANO ADDRESS CITY-ST-ZIP DELETE ALICANO ADDRESS CITY-ST-ZIP DELETE ALICANO ADDRESS CITY-ST-ZIP DELETE ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP DELETE ADDRESS CITY-ST-ZIP DELETE ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP DELETE ADDRESS CITY-	SIGNATURE Signature, typed or printed name of regist 12. OFFICE TITLE PD NAME FIGUEROA, RUBEN RE	tered agent and title if applicable. ERS AND DIRECTORS	(NOTE: Regi	stered Agent signature re 13. 1.1 TITLE 1.2 NAME	equired when reinstating)	DATE DEFICERS AND DIRECTO	
CITY-ST-ZIP MIAMI FL 33161 2 4 DITY-ST-ZIP ITILE DST JOELETE	SIGNATURE	tered agent and title if applicable. ERS AND DIRECTORS	(NOTE: Regi	stered Agent signature re 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP	equired when reinstating)	DATE DEFICERS AND DIRECTO Change	RS IN 12
TITLE NAME ALICANO, CARMEN 338 NE 171 TERRACE D 33 STREET ADDRESS CITY-S1-2P N MIAMI BEACH FL DELETE DELETE 4 TITLE ALICANO, CARMEN 33 STREET ADDRESS AL CITY-S1-2P ADDRESS CITY-S1-2P DELETE DELETE DELETE ADDRESS CITY-S1-2P DELETE DELETE DELETE DELETE DELETE S1 TITLE DELETE DELETE DELETE S1 TITLE DELETE DELETE S1 TITLE DELETE S1 TITLE DELETE DELETE S1 TITLE DEL	SIGNATURE Signature, typed or printed name of regist 12. OFFICE TITLE PD NAME FIGUEROA, RUBEN RE SIREET ADDRESS CITY-SI-ZIP MIAMI FL 33161 TITLE T	tered agent and title if applicable. ERS AND DIRECTORS	(NOTE: Regi	stered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	equired when reinstating)	DATE DEFICERS AND DIRECTO Change	RS IN 12
NAME STREET ADDRESS CITY-S1-ZIP TITLE DELETE A1TITLE A2 PAME A1STREET ADDRESS CITY-S1-ZIP TITLE DELETE A1TITLE A3 STREET ADDRESS CITY-S1-ZIP TITLE DELETE A1TITLE A3 STREET ADDRESS CITY-S1-ZIP TITLE DELETE A4 CITY-S1-ZIP A4 CITY-S1-ZIP TITLE DELETE A5 STREET ADDRESS CITY-S1-ZIP A4 CITY-S1-ZIP TITLE DELETE A5 STREET ADDRESS CITY-S1-ZIP TITLE DELETE A5 STREET ADDRESS CITY-S1-ZIP A4 CITY-S1-ZIP A4 CITY-S1-ZIP TITLE DELETE A5 STREET ADDRESS CITY-S1-ZIP A4 CITY-S1-ZIP A4 CITY-S1-ZIP TITLE DELETE A5 STREET ADDRESS CITY-S1-ZIP A4 CI	SIGNATURE Signature, typed or printed name of regist 12. OFFICE 11. PD NAME SIREET ADDRESS CITY-ST-ZIP NAME FIGUEROA, RUBEN RE 521 N.E. 142ND ST. MIAMI FL 33161 TITLE FIGUEROA, IDALIA STREET ADDRESS 521 NE 142ND ST.	tered agent and title if applicable. ERS AND DIRECTORS	NOTE: Regi	stered Agent signature re 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	equired when reinstating)	DATE DEFICERS AND DIRECTO Change	RS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE DELETE DELETE S1 TITLE S2 NAME S1 REET ADDRESS CITY - ST - ZIP TITLE DELETE S1 TITLE S2 NAME S1 REET ADDRESS CITY - ST - ZIP TITLE DELETE S1 TITLE S2 NAME S1 REET ADDRESS CITY - ST - ZIP TITLE S1 DELETE S1 TITLE S2 NAME S1 REET ADDRESS CITY - ST - ZIP TITLE S1 DELETE S1 TLE S	SIGNATURE 12. OFFICE TITLE PD NAME FIGUEROA, RUBEN RE SIREET ADDRESS CITY-ST-ZIP MIAMI FL 33161 TITLE T NAME FIGUEROA, IDALIA SIREET ADDRESS CITY-ST-ZIP MIAMI FL 33161 THE T NAME FIGUEROA, IDALIA SIREET ADDRESS CITY-ST-ZIP MIAMI FL 33161	tered agent and title if applicable. ERS AND DIRECTORS V.	(NOTE: Regi	stered Agent signature re 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP	xpulred when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRECTO Change Change	RS IN 12 Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE DELETE DELETE S1 TITLE S2 NAME S1 REET ADDRESS CITY - ST - ZIP TITLE DELETE S1 TITLE S2 NAME S1 REET ADDRESS CITY - ST - ZIP TITLE DELETE S1 TITLE S2 NAME S1 REET ADDRESS CITY - ST - ZIP TITLE S1 DELETE S1 TITLE S2 NAME S1 REET ADDRESS CITY - ST - ZIP TITLE S1 DELETE S1 TLE S	SIGNATURE 12. OFFICE TITLE PD NAME FIGUEROA, RUBEN RE SIREET ADDRESS CITY-ST-ZIP MIAMI FL 33161 TITLE T NAME FIGUEROA, IDALIA STREET ADDRESS CITY-ST-ZIP MIAMI FL 33161 TITLE T NAME FIGUEROA, IDALIA STREET ADDRESS CITY-ST-ZIP MIAMI FL 33161 TITLE DST NAME ALICANO, CARMEN	tered agent and title if applicable. ERS AND DIRECTORS U.	NOTE: Regi	stered Agent signature re 13. 11 TITLE 12 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	xpulred when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRECTO Change Change	RS IN 12 Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 T LE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 6.2 N ME 6.3 STREET ADDRESS CITY-ST-ZIP 1.4 I do hereby certify that the information supplied with this filing is voluntarily furnished and loss not qualify for the exemption stated in Section T19.07(3)(R), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report use and courate 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 12 or Block 13 forlanged, or on an attachment with an address.	SIGNATURE 12. OFFICE TITLE PD NAME FIGUEROA, RUBEN RE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33161 TITLE T NAME FIGUEROA, IDALIA STREET ADDRESS CITY-ST-ZIP MIAMI FL 33161 TITLE T NAME FIGUEROA, IDALIA STREET ADDRESS CITY-ST-ZIP MIAMI FL 33161 TITLE DST NAME ALICANO, CARMEN STREET ADDRESS 398 NE 171 TERRACE	tered agent and title if applicable. ERS AND DIRECTORS U.	NOTE: Regi	stered Agent signature re 13. 11 TITLE 12 NAME 1.3 STAEET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STAEET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME	xpulred when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRECTO Change Change	RS IN 12 Addition
CITY-ST-ZIP TITLE DELETE S1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE S2 NAME 5.2 NAME 5.3 S PEET ADDRESS CITY-ST-ZIP DELETE 6.1 T LE Change Addition Change Change Addition Change Change Addition Change Change Change Addition Change Change Addition Change Change Addition Change Change	SIGNATURE Signature, typed or printed name of regist 12. OFFICE ITILE PD NAME FIGUEROA, RUBEN RE 521 N.E. 142ND ST. MIAMI FL 33161 TITLE T NAME FIGUEROA, IDALIA STREET ADDRESS CITY-ST-ZIP MIAMI FL 33161 DST NAME ALICANO, CARMEN STREET ADDRESS CITY-ST-ZIP NIAMI BEACH FL	tered agent and title if applicable. ERS AND DIRECTORS V.	NOTE: Regi	13. 11 TITLE 12 NAME 1.3 STARET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STARET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	xpulred when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRECTO Change Change	RS IN 12 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 S RET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 T LE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certify that the information indicated on this annual report or supplemental annual report 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 12 or Block 13 frohanged, or on an attachment with an address.	SIGNATURE Signature, typed or printed name of regist 12. OFFICE ITILE PD NAME FIGUEROA, RUBEN RE 521 N.E. 142ND ST. MIAMI FL 33161 TITLE T NAME FIGUEROA, IDALIA STREET ADDRESS 521 NE 142ND ST. MIAMI FL 33161 TITLE DST MIAMI FL 33161 ITILE DST ALICANO, CARMEN STREET ADDRESS 398 NE 171 TERRACE I N MIAMI BEACH FL TITLE	tered agent and title if applicable. ERS AND DIRECTORS V.	DELETE DELETE DELETE	Stored Agent signature of 13. 11 TITLE 12 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 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	xpulred when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRECTO Change Change	RS IN 12 Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 6.1T LE Change Addition 62 N ME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certify that the information indicated on this annual report or supplemental annual report 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 12 or Block 13 or changed, or on an attachment with an address.	SIGNATURE Signature, typed or printed name of regist 12. OFFICE ITILE PD FIGUEROA, RUBEN RE 521 N.E. 142ND ST. MIAMI FL 33161 TITLE T NAME FIGUEROA, IDALIA STREET ADDRESS CITY-ST-ZIP MIAMI FL 33161 ITILE DST NAME ALICANO, CARMEN STREET ADDRESS CITY-ST-ZIP N MIAMI BEACH FL ITILE NAME STREET ADDRESS	tered agent and title if applicable. ERS AND DIRECTORS V.	NOTE: Reg	Stored Agent signature of 13. 1.1 TITLE 1.2 NAME 1.3 STARET ADDRESS 1.4 CITY-ST-ZIP 2. TITLE 2.2 NAME 2.3 STARET ADDRESS 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	xpulred when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRECTO Change Change	RS IN 12 Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certify that the information indicated on this annual report or supplemental annual report 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 12 or Block 13 frohanged, or on an attachment with an address.	SIGNATURE Signature, typed or printed name of regist 12. OFFICE ITILE PD HAME FIGUEROA, RUBEN RE 521 N.E. 142ND ST. MIAMI FL 33161 TITLE T NAME FIGUEROA, IDALIA 521 NE 142ND ST. MIAMI FL 33161 TITLE T NAME FIGUEROA, IDALIA 521 NE 142ND ST. MIAMI FL 33161 DST MIAMI FL 33161 ITILE DST NAME ALICANO, CARMEN STREET ADDRESS CITY-S1-ZIP N MIAMI BEACH FL ITILE NAME STREET ADDRESS CITY-S1-ZIP N MIAMI BEACH FL ITILE NAME STREET ADDRESS CITY-S1-ZIP	V.	NOTE: Reg	Stored Agent signature of 13. 1.1 TITLE 1.2 NAME 1.3 STARET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STARET ADDRESS 3.1 TITLE 3.3 STARET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	xpulred when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certify that the information indicated on this annual report or supplemental annual report 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 12 or Block 13 or hanged, or on an attachment with an address.	SIGNATURE Signature, typed or printed name of regist 12. OFFICE TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE STREET ADDRESS CITY-ST-ZIP TITLE	V.	DELETE DELETE DELETE	Stored Agent signature of 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 3.4 CITY-ST-ZIP 3.1 TITLE 4.2 NAME 4.2 CITY-ST-ZIP 4.1 TITLE 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.5 TITLE 5.5 TITLE 5.6 TITLE 5.7 TITLE	xpulred when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certify that the information indicated on this annual report or supplemental annual report 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 12 or Block 13 or changed, or on an attachment with an address.	SIGNATURE 12. OFFICE TITLE PD NAME FIGUEROA, RUBEN RE 521 N.E. 142ND ST. MIAMI FL 33161 TITLE THE FIGUEROA, IDALIA STREET ADDRESS CITY-ST-ZIP MIAMI FL 33161 TITLE DST NAME ALICANO, CARMEN STREET ADDRESS CITY-ST-ZIP N MIAMI BEACH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP N MIAMI BEACH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	V.	DELETE DELETE DELETE	Stored Agent signature of 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 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	xpulred when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and loss not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report 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 12 or Block 13 or on an attachment with an address.	SIGNATURE 12. OFFICE TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP	Lered agent and title if applicable. ERS AND DIRECTORS V.	DELETE DELETE DELETE	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 3.1 TITLE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	xpulred when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and loss not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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 12 or Block 13 or changed, or on an attachment with an address.	SIGNATURE 12. OFFICE 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 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 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Lered agent and title if applicable. ERS AND DIRECTORS V.	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.3 STREET ADDRESS 4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	xpulred when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
certify that the information indicated on this annual report or supplemental annual report 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 12 or Block 13 trohanged, or on an attachment with an address.	SIGNATURE 12. OFFICE TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Lered agent and title if applicable. ERS AND DIRECTORS V.	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.7 TITLE 3.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.5 TITLE 5.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	xpulred when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
appeals in block 12 or block 134 orial geo, or on an attachment with an address.	SIGNATURE 12. OFFICE TITLE PD NAME FIGUEROA, RUBEN RE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33161 TITLE NAME FIGUEROA, IDALIA STREET ADDRESS CITY-ST-ZIP MIAMI FL 33161 TITLE NAME ALICANO, CARMEN STREET ADDRESS CITY-ST-ZIP N MIAMI BEACH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME THE CONTROL OF THE	D	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STARET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.2 NAME 2.3 STARET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.5 NAME 6.6 STARET ADDRESS 6.4 CITY-ST-ZIP 6.7 ST-ZIP 6.8 STREET ADDRESS 6.4 CITY-ST-ZIP 6.9 STARET ADDRESS 6.4 CITY-ST-ZIP 6.9 STARET ADDRESS 6.4 CITY-ST-ZIP 6.7 ST-ZIP	ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRECTO Change Change Change Change Change	Addition Addition Addition Addition Addition
	SIGNATURE 12. OFFICE 12. OFFICE 13. OFFICE 14. OFFICE 15. OFFICE 16. PD 17. FIGUEROA, RUBEN RE 18. STREET ADDRESS 18. CITY-ST-ZIP 18. STREET ADDRESS 19. ST	pplied with this filing is voils annual report or supplied working and the received annual report or supplied with the filing is voils annual report or supplied with the received annual report or su	DELETE DELETE DELETE JUDELETE JU	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 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRECTO Change Change Change Change Change	Addition Addition Addition Addition Addition Addition