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| . I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as If made under a modificer 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 nation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my national report is the same legal effect as If made under the same legal effect as the same l | Pursuant to the provisions office or registered agent, agent. I am familiar with, a SNATURE Signature, typed or pill E DT FERNANDE2 E DT FERNANDE2 10090 NW 8 HIALEAH GA FERNANDE2 IOS CASTOR, OI 3145 SW 23 MIAMI FL LE V ME DE CARDEN 3675 SW 18 MIAMI FL LE DP ME BUSTILLO, 0 2585 NW 10 MIAMI, FL LE ME REET ADDRESS Y-S1-ZIP | ARDENS FL CARLOS A. DSTH COURT | I applicable (NOTE CTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE | as, the above-named cor uthorized by the corpora rida Statutes. Registered Agent signature requinance 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 3.1 TITLE 3.2 NAME 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 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.5 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 STREET ADDRESS 5.5 | illed when reinstating) ADDITIONS/CHANGES TO OFFIC | | s registered registered S IN 12 Addition Addition Addition |
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