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41 123 123 123 100 Name and Address of Current Registered Agent 10. Name and Address of Current Registered Agent 10. Name and Address of Current Registered Agent ROSE, STEPHEN E 4200 BISCATNE BLVD MIAMI FL 33137 82 Street Address (P.O. Box Number is Not Acceptable) 83 11. Pursuant to the provisions of Sections 617.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent and the T applicable. SIGNATURE 120 13. Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Signature registered agent and the T applicable.	
ROSE, STEPHEN E 4200 BISCAYNE BLVD MAMI FL 33137 B2 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 21p C 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 office or registered agent, or both, in the State of Florida. Such changing was authorized by the corporation's aband of directors. I hereby accept the abpointment at sec agent. I am familiar with, and accept the obligations of, Section 817.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment at sec agent. I am familiar with, and accept the obligations of, Section 817.0502, Florida Statutes, UPOTE Repteted Agent abpointment at sec agent. I am familiar with, and accept the obligations of, Section 817.0502, Florida Statutes, UPOTE Repteted Agent abpointment at sec agent. I am familiar with, and accept the obligations of, Section 817.0502, Florida Statutes, UPOTE Repteted Agent abpointment at sec agent. I am familiar with, and accept the obligations of, Section 817.0502, Florida Statutes, UPOTE Repteted Agent abpointment at sec agent. I am familiar with, and accept the obligations of, Section 817.0502, Florida Statutes, UPOTE Repteted Agent abpointment at sec agent. I am familiar with, and accept the obligations of, Section 817.0502, Florida Statutes, UPOTE Repteted Agent abpointment at sec agent. I am familiar with, and accept the obligations of, Section 817.0502, Florida Statutes, UPOTE Repteted Agent abpointment at sec agent. I am familiar with, and accept the obligation above the appointment at sec agent. I am familiar with, and accept the obligation above the appointment at sec agent. I am familiar above the appointment at sec agent. I am familiar above the appointment	
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MAMI FL 33137 64 City FL 65 Zip C 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 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 regarded agent, and family with, and accept the obligations of, Section 617.0502, Florida Statutes, INOTE Relatives, Statutes, interview accept the appointment as regarded when releasting) SIGNATURE Image: Signature, typed or primed man of registrated agent and tise if applicable. INOTE Relatives, Statutes, interview accept the appointment as regarded when releasting) DATE 12. OFFICERS AND DIRECTORS IDELETE 11 ITTLE Change SCHARLIN, HOWARD IDELETE 11 ITTLE Change STREET ADDRESS 1399 SW 1ST AVE 12 STREET ADDRESS Change ITTLE D IDELETE 21 MILE Change ITTLE D IDELETE 21 MILE Change ITTLE D IDELETE 11 ITTLE Change MAME JACOB, SOLOMON 23 STREET ADDRESS ITTLE IDELETE MAME DELETE 11 ITTLE ITTLE IDELETE	
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 office or registered agent, or both, in the State of Piorda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reg agent. I am familiar with, and accept the obligations of. Section 617.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as reg agent. I am familiar with, and accept the obligations of. Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or primed name of registered agent agent and the # applicable. (NOTE Registered Agent algorithe registered agent and the methaterop) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. SCHARLIN, HOWARD 12. Change NAME SCHARLIN, HOWARD 12. Change STREET ADDRESS 13.95 W 1ST AVE 13.0 REET ADDRESS Change TITLE DELETE 21.1TILE Change NAME JACOB, SOLOMON 23.5TREET ADDRESS Change TTLE DELETE 31.5TREET ADDRESS Change TTLE DELETE 32.5WARE 32.5WARE Change MAME LACOP, ST.2P 24.0TY-ST.2P Change TTLE <	
office or registered agent, or both, in the State of Floride. Such change was authorized by the corporation's board of directors. Thereby accept the appointment are registered agent and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature registered agent signature registered when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TITLE D Change 13 street accept and agent and title if applicable. Change STREET ADDRESS 13. STREET ADDRESS Change TITLE D DELETE 11 TTLE Change TITLE D DELETE 21 NWE Change TITLE D Ident-strate Change TITLE DC DELETE 31 STREET ADDRESS Change STREET ADDRESS 32 STREET ADDRESS 32 STREET ADDRESS Change STREET ADDRESS 32 STREET ADDRESS Change 22 WME Change STREET ADDRESS 32 STREET ADDRESS 33 STREET ADDRESS Change STREET ADDRESS 32 STREET ADDRESS Change Change	
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CITY-ST-ZIP 64 CITY-ST-ZIP 14. 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 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 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 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 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 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 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 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 stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further cert	Addition
14. Thereby certify that the information supplemental annual report is true and acobytet and that my signature shall have the same legal effect as if made under oath; that i officer or director of the corporation or the receiver or trystee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name apper Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.	Addition
Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.	Addition

SIGNATUR	٢E
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