2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P01000112538 *** Testy turns on NEWELL'S, CORP. 2655 Le Jeune Rd Ski236 ***PROPRIETE IN THIS SPACE ***DOWN MANUAL PROPRIETE IN THIS SPACE ***DOWN MANU		721217-07-4217-12			, seer coming or a	,	
Principle Piece of Business Corral Gables, FL 331 Multip, passystem SPY HARBOR ISLAND, PL 33154 PO NOT WRITE IN THIS SPACE Agopted For the Policy of Pol	1. Entity Nam	е			~~		
Principle Piece of Business Corral Gables, FL 331 Multip, passystem SPY HARBOR ISLAND, PL 33154 PO NOT WRITE IN THIS SPACE Agopted For the Policy of Pol		2655 Le Jeune Rd Ste326					
PART HARBOR ISLAND, R. 33154 DO NOT WRITE IN THIS SPACE A FEIL Number GENTLOSSES Not Application Section of Signific For College S	Principal Place	e of Business . Coral Gables, FL 33134 Mailir	ng Address	· · · · · · · · · · · · · · · · · · ·			
DO NOT WRITE IN THIS SPACE 4. FEI Number Applicable for 65-1155595 Applicable for 65-1155595 Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent GRISALES-RACINI, OSCAR Jacqueline F Rodriguez 2655 Le Jeune Rd Ste326 DO NOT WRITE IN THIS SPACE 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the Style of Florida, I am familiar with, and accept the obligations of registered agent. 6. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the Style of Florida, I am familiar with, and accept the obligations of registered agent. 6. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the Style of Florida, I am familiar with, and accept the obligations of registered agent. 6. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the Style of Florida, I am familiar with, and accept the obligations of registered agent. or both, in the Style of Florida, I am familiar with, and accept the obligations of registered agent. 6. The above named entry submits this statement for the purpose of changing its registered office or registered agent. or both, in the Style of Florida, I am familiar with, and accept the obligations of registered agent. or both, in the Style of Florida, I am familiar with, and accept the obligations of registered agent. or both, in the style of Florida, I am familiar with, and accept the obligations of registered agent. or both, in the style of Florida, I am familiar with, and accept the style of Florida, I am familiar with, and accept the style of Florida, I am familiar with, and accept the style of Florida, I am familiar with, and accept the style of Florida, I am familiar with, and accept the	9781 EAST E BAY HARBOR	BAY HARBON DRIVE 274	2 BISCAYNE BLVD				
DO NOT WRITE IN THIS SPACE 4. FEI Number Applicable for 65-1155595 Applicable for 65-1155595 Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent GRISALES-RACINI, OSCAR Jacqueline F Rodriguez 2655 Le Jeune Rd Ste326 DO NOT WRITE IN THIS SPACE 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the Style of Florida, I am familiar with, and accept the obligations of registered agent. 6. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the Style of Florida, I am familiar with, and accept the obligations of registered agent. 6. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the Style of Florida, I am familiar with, and accept the obligations of registered agent. 6. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the Style of Florida, I am familiar with, and accept the obligations of registered agent. or both, in the Style of Florida, I am familiar with, and accept the obligations of registered agent. 6. The above named entry submits this statement for the purpose of changing its registered office or registered agent. or both, in the Style of Florida, I am familiar with, and accept the obligations of registered agent. or both, in the Style of Florida, I am familiar with, and accept the obligations of registered agent. or both, in the style of Florida, I am familiar with, and accept the obligations of registered agent. or both, in the style of Florida, I am familiar with, and accept the style of Florida, I am familiar with, and accept the style of Florida, I am familiar with, and accept the style of Florida, I am familiar with, and accept the style of Florida, I am familiar with, and accept the		-					
A. FEI Number SPACE 4. FEI Number SPACE 4. FEI Number SPACE 4. FEI Number SPACE 5. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent GRISALES-RACINI OSCAR 999 BRICKELL AVENUE, SUITE 700 2655 Le Jeune Rd Ste326 Coral Gables, FL 33134 DO NOT WRITE IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both in the Size of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DAMATO, JOSE LUIS 10. BRICKELL BAY DR # 2600 10. SIGNATO, LOSE LUIS 10. BRICKELL BAY DR # 2600 10. THE NOWILL BAY DR # 2600 10. SIGNATO, LOSE LUIS 10. BRICKELL BAY DR # 2600 10. SIGNATO, LOSE LUIS 10. BRICKELL BAY DR # 2600 10. THE NOWILL BAY DR # 2600 10. SIGNATO, LOSE LUIS 10. BRICKELL BAY DR # 2600 10. SIGNATO, LOSE LUIS 10. BRICKELL BAY DR # 2600 10. SIGNATO, LOSE LUIS 10. BRICKELL BAY DR # 2600 10. SIGNATO, LOSE LUIS 10. BRICKELL BAY DR # 2600 10. SIGNATO, LOSE LUIS 10. BRICKELL BAY DR # 2600 10. SIGNATO, LOSE LUIS 10. BRICKELL BAY DR # 2600 10. SIGNATO, LOSE LUIS 10. BRICKELL BAY DR # 2600 10. SIGNATO, LOSE LUIS 10. BRICKELL BAY DR # 2600 10. SIGNATO, LOSE LUIS 10. BRICKELL BAY DR # 2600 10. SIGNATO, LOSE LUIS 10. BRICKELL BAY DR # 2600 10. SIGNATO, LOSE LUIS 10. BRICKELL BAY DR # 2600 10. SIGNATO, LOSE LUIS 10. BRICKELL BAY DR # 2600 10. SIGNATO, LOSE LUIS 10. BRICKELL BAY DR # 2600 10. BRICKEL					, (Called the Called t	~	
S. Certificate of Status Desired \$8.75 Accidoral Feb Propagated \$9.85 BRICKELL AVENUE, SUITE 700 2655 Lz Jeune Rd Ste326 Coral Gables, FL 33134 \$1.75 Lb 2015 Lb 201	ח	O NOT WRITE IN	THIS SPACE	CF.			
S. Certificate of Stabus Desired \$8.75 Antiblooal Fee Required S. Name and Address of Current Registered Agent S. Rame and Address of Current Registered Agent S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE S. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Style of Florida. I am familiar with, and accept the obligations of registered design. S. SCNATURE SCNATURE SCNATURE SOUND SELECTION S. S. Agent S. S. Oo Tried amount of the Style of Principal agent with the Style of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Style of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Style of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Style of Florida. I am familiar with, and accept the design of registered office or registered agent, or both, in the Style of Florida. I am familiar with, and accept the design of registered agent, or both, in the Style of Florida. I am familiar with, and accept the design of registered office or registered agent, or both, in the Style of Florida. I am familiar with, and accept the design of registered office or registered agent, or both in the Style of Florida. I am familiar with, and accept the design of registered office or registered agent, or both in the Style of Florida. I am familiar with, and accept the design of registered office or registered agent, or both in the Style of Florida. I am familiar with, and accept the familiar with a familiar with, and accept the familiar with a familiar with a familiar with an accept the familiar with the substruction. S. Cartificate of Florida. I am familiar with,	n sei er				1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
GRISALES-RACINI, OSCAR 999 BRICKELL AVENUE, SUITE 700 Soft De Jacqueline F Rodriguez 2655 Le Jeune Rd Ste326 Coral Gables, FL 33134 B. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the Style of Florida. I am familiar with, and accept the obligations of registered eigent. SIGNATURE FILE NOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 DAMATO, JOSE LUIS SIRET AUDIESS 1001 BRICKELL BAY DR # 2900 MIAMI, FL 33131 TILE VPD MAMA, FL 33131 TILE DAMATO, ROBERTO TILE NAME SINET AUDIESS GITT 91.79 TILE NAME SINET AUDIESS GITT 91.79 TILE NAME SINET AUDIESS GITT 91.79 TILE NAME SINET AUDIESS GITT 91.79 TILE NAME SINET AUDIESS GITT 91.79 TILE NAME SINET AUDIESS GITT 91.79 TILE TILE TILE TILE TILE TILE TILE TIL					5 Certificate of Status Desired 38.75 Ad		
999 BRICKELL AVENUE, SUITE 700 2655 Le Jeune Rd Ste326 Coral Gables, FL 33134 8. The above named entily submits this statement for the purpose of changing its registered office or registered agent, or both, in the Style of Flonds. I am familiar with, and accept the odilgations of registered agent. SIGNATURE FILE NOWILL FEE IS \$150.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 10		6. Name and Address of Current Register	ed Agent				
B. The above named entity submits this statement for the purpose of changing lits registered agent, or both, in the Style of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 TILE D'AMATO, JOSE LUIS TITLE NAME TEMPONE, LIDIA LUJAN TEMPONE, LIDIA LUJAN THE SID D'AMATO, ROBERTO D'AMATO, ROBERTO D'AMATO, ROBERTO D'AMATO, ROBERTO D'AMATO, LIDIA LUJAN TITLE NAME D'AMATO, LIDIA LUJAN TITLE NAME D'AMATO, LIDIA LUJAN TOOI BRICKELL BAY DR # 2600 MIAMI, FL 33131 TITLE NAME D'AMATO, LIDIA LUJAN TOOI BRICKELL BAY DR # 2600 MIAMI, FL 33131 TITLE NAME D'AMATO, LIDIA LUJAN TOOI BRICKELL BAY DR # 2600 MIAMI, FL 33131 TITLE NAME D'AMATO, LIDIA LUJAN TOOI BRICKELL BAY DR # 2600 MIAMI, FL 33131 TITLE NAME D'AMATO, LIDIA LUJAN TOOI BRICKELL BAY DR # 2600 MIAMI, FL 33131 TITLE NAME D'AMATO, LIDIA LUJAN TOOI BRICKELL BAY DR # 2600 MIAMI, FL 33131 TITLE NAME D'AMATO, LIDIA LUJAN TITLE TITLE NAME D'AMATO, LIDIA LUJAN TITLE TI					DO NOT WRITE		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent.	999 BRICK	32131 2033 LC					
the obligations of registered agent. Signature Signature, typed a printed name of registery leget are 36 to yt/pocasis. FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Centribution. 10. OFFICERS AND DIRECTORS Trust Fund Centribution. PD AMANTO, JOSE LUIS 1001 BRICKELL BAY DR # 2800 MIAMM, FL 33131 TITLE NAME D'AMATO, ROBERTO 1001 BRICKELL BAY DR # 2800 MIAMM, FL 33131 TITLE TITLE TITLE TITLE NAME D'AMATO, ROBERTO 1001 BRICKELL BAY DR # 2800 MIAMM, FL 33131 TITLE TITLE TITLE NAME D'AMATO, LIDIA LUJAN 1001 BRICKELL BAY DR # 2800 MIAMM, FL 33131 DO NOT WRITE TITLE TITLE NAME D'AMATO, LIDIA LUJAN 1001 BRICKELL BAY DR # 2800 MIAMM, FL 33131 TITLE TITLE NAME D'AMATO, LIDIA LUJAN 1001 BRICKELL BAY DR # 2800 MIAMM, FL 33131 TITLE NAME D'AMATO, LIDIA LUJAN 1010 BRICKELL BAY DR # 2800 MIAMM, FL 33131 TITLE NAME STREET AROBESS CITY-ST-2P MIAMM, FL 33131 TITLE NAME STREET AROBESS CITY-ST-2P MIAMM, FL 33131 TITLE NAME STREET AROBESS CITY-ST-2P STREET AROBESS CITY-ST-2P STREET AROBESS CITY-ST-2P STREET AROBESS CITY-ST-2P ARABICAL BRICKELL BRAY DR # 2800 MIAMM, FL 33131 TITLE NAME STREET AROBESS CITY-ST-2P STREET AROBESS CITY-ST-2P STREET AROBESS CITY-ST-2P ARABICAL BRICKELL BRAY DR # 2800 MIAMM, FL 33131 ARABICAL BRICKELL BRAY DR # 2800 MIAMM, FL 33131 TITLE NAME STREET AROBESS CITY-ST-2P STREET AROBESS CITY-ST-2P STREET AROBESS CITY-ST-2P ARABICAL BRICKELL BRAY DR # 2800 MIAMM, FL 33131 DO NOT WRITE IN THIS SPACE		Coral G	ables, FL 33134		IN THIS SPACE		
the obligations of registered agent. Signature Signature, typed a printed name of registery leget are 36 to yt/pocasis. FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Centribution. 10. OFFICERS AND DIRECTORS Trust Fund Centribution. PD AMANTO, JOSE LUIS 1001 BRICKELL BAY DR # 2800 MIAMM, FL 33131 TITLE NAME D'AMATO, ROBERTO 1001 BRICKELL BAY DR # 2800 MIAMM, FL 33131 TITLE TITLE TITLE TITLE NAME D'AMATO, ROBERTO 1001 BRICKELL BAY DR # 2800 MIAMM, FL 33131 TITLE TITLE TITLE NAME D'AMATO, LIDIA LUJAN 1001 BRICKELL BAY DR # 2800 MIAMM, FL 33131 DO NOT WRITE TITLE TITLE NAME D'AMATO, LIDIA LUJAN 1001 BRICKELL BAY DR # 2800 MIAMM, FL 33131 TITLE TITLE NAME D'AMATO, LIDIA LUJAN 1001 BRICKELL BAY DR # 2800 MIAMM, FL 33131 TITLE NAME D'AMATO, LIDIA LUJAN 1010 BRICKELL BAY DR # 2800 MIAMM, FL 33131 TITLE NAME STREET AROBESS CITY-ST-2P MIAMM, FL 33131 TITLE NAME STREET AROBESS CITY-ST-2P MIAMM, FL 33131 TITLE NAME STREET AROBESS CITY-ST-2P STREET AROBESS CITY-ST-2P STREET AROBESS CITY-ST-2P STREET AROBESS CITY-ST-2P ARABICAL BRICKELL BRAY DR # 2800 MIAMM, FL 33131 TITLE NAME STREET AROBESS CITY-ST-2P STREET AROBESS CITY-ST-2P STREET AROBESS CITY-ST-2P ARABICAL BRICKELL BRAY DR # 2800 MIAMM, FL 33131 ARABICAL BRICKELL BRAY DR # 2800 MIAMM, FL 33131 TITLE NAME STREET AROBESS CITY-ST-2P STREET AROBESS CITY-ST-2P STREET AROBESS CITY-ST-2P ARABICAL BRICKELL BRAY DR # 2800 MIAMM, FL 33131 DO NOT WRITE IN THIS SPACE		e e		accomment of the			
SIGNATURE Signature, typed or printed name of regider picture and titles of printed name of regider picture of regider picture of printed name of regider picture of regider pict	8. 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						
FILE NOWILI PEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 100 BRICKELL BAY DR # 2600 MIAMI, FL 33131 TITLE VPD VAMATO, JOSE LUIS STREET ADDRESS CITY-ST-2P MIAMI, FL 33131 TITLE STREET ADDRESS CITY-ST-2P MIAMI, FL 33131 TITLE NAME STREET ADDRESS CITY-ST-2P MIAMI, FL 33131 TIT	Que 1/4 //20/00						
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 1001 BRICKELL BAY DR # 2800 MIAMI, FL 33131 TITLE VPD NAME TEMPONE, LIDIA LUJAN STREET ADDRESS 1001 BRICKELL BAY DR # 2800 CITY-ST-2P MIAMI, FL 33131 TILE TILE NAME D'AMATO, ROBERTO STREET ADDRESS 1001 BRICKELL BAY DR # 2800 MIAMI, FL 33131 DO NOT WRITE TILE SD D'AMATO, LIDIA LUJAN STREET ADDRESS CITY-ST-2P MIAMI, FL 33131 TILE TILE SD D'AMATO, LIDIA LUJAN STREET ADDRESS CITY-ST-2P MIAMI, FL 33131 TILE TILE SD MAME STREET ADDRESS CITY-ST-2P MIAMI, FL 33131 TILE TILE SD MAME STREET ADDRESS CITY-ST-2P MIAMI, FL 33131 TILE TILE SD MAME STREET ADDRESS CITY-ST-2P MIAMI, FL 33131 TILE TILE SD MAME STREET ADDRESS CITY-ST-2P MIAMI, FL 33131 TILE TILE SD MAME STREET ADDRESS CITY-ST-2P MIAMI, FL 33131 TILE TILE SD MAME STREET ADDRESS CITY-ST-2P MIAMI, FL 33131 TILE TILE SD MAME STREET ADDRESS CITY-ST-2P MIAMI, FL 33131 TILE TILE SD MAME STREET ADDRESS CITY-ST-2P MIAMI, FL 33131 TILE TILE TILE TILE SD MAME STREET ADDRESS CITY-ST-2P MIAMI, FL 33131 TILE TILE TILE TILE TILE TILE TILE TIL							
TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE VPD NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME D'AMATO, ROBERTO 1001 BRICKELL BAY DR # 2600 MIAMI, FL 33131 DO NOT WRITE IN THIS SPACE IN THIS SPACE IN THIS SPACE IN THIS SPACE INTER ADDRESS CITY-ST-ZP MIAMI, FL 33131 TITLE NAME SIREET ADDRESS CITY-ST-ZP MIAMI, FL 33131 TITLE NAME SIREET ADDRESS CITY-ST-ZP MIAMI, FL 33131 TITLE NAME SIREET ADDRESS CITY-ST-ZP NAME SIRET ADDRESS CITY-ST-ZP							
D'AMATO, JOSE LUIS SIRET ADDRESS CITY-ST-ZP MIAMI, FL 33131 TITLE NAME SIRET ADDRESS CITY-ST-ZP MIAMI, FL 33131 TILE NAME SIRET ADDRESS CITY-ST-ZP MIAMI, FL 33131 DO NOT WRITE STOP NAME SIRET ADDRESS CITY-ST-ZP MIAMI, FL 33131 DO NOT WRITE IN THIS SPACE IN THIS SPACE IN THIS SPACE IN THIS SPACE IN THIS SPACE IN THIS SPACE IN THIS SPACE IN THE SIRET ADDRESS CITY-ST-ZP MIAMI, FL 33131 DAMATO, LIDIA LUJAN SIRET ADDRESS CITY-ST-ZP MIAMI, FL 33131 IN THIS SPACE	10.	OFFICERS AND DIRECTO	ORS			* *	
STREET ADDRESS CITY-ST-ZPP MIAMI, FL 33131 TITLE VPD TEMPONE, LIDIA LUJAN 1001 BRICKELL BAY DR # 2800 MIAMI, FL 33131 TITLE TITLE NAME D'AMATO, ROBERTO 1001 BRICKELL BAY DR # 2800 MIAMI, FL 33131 TITLE TITLE NAME D'AMATO, ROBERTO 1001 BRICKELL BAY DR # 2800 MIAMI, FL 33131 DO NOT WRITE TITLE NAME D'AMATO, LIDIA LUJAN IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZP							
TITLE VPD NAME TEMPONE, LIDIA LUJAN STREET ADDRESS 1001 BRICKELL BAY DR # 2600 MIAMI, FL 33131 TITLE TD NAME D'AMATO, ROBERTO STREET ADDRESS 1001 BRICKELL BAY DR # 2600 MIAMI, FL 33131 TITLE SD NAME D'AMATO, LIDIA LUJAN TITLE SD NAME D'AMATO, LIDIA LUJAN TITLE SD NAME D'AMATO, LIDIA LUJAN TITLE SD NAME NOME NOME NOME NOME NOME NOME NOME NO		•					
NAME STREET ADDRESS CITY-ST-ZIP TITLE TD NAME D'AMATO, ROBERTO STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE TD NAME D'AMATO, ROBERTO STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE SD D'AMATO, LIDIA LUJAN IN THIS SPACE INT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 ITILE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TIT							
STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME D'AMATO, ROBERTO 1001 BRICKELL BAY DR # 2600 MIAMI, FL 33131 TITLE SD NAME D'AMATO, LIDIA LUJAN STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT		ļ ··· -					
TITLE NAME D'AMATO, ROBERTO 1001 BRICKELL BAY DR # 2600 MIAMI, FL 33131 TITLE NAME D'AMATO, LIDIA LUJAN 1001 BRICKELL BAY DR # 2600 CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME SIREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIRET ADDRESS CITY-	STREET ADDRESS	·					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM							
CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME D'AMATO, LIDIA LUJAN STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY							
TITLE NAME D'AMATO, LIDIA LUJAN STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Libereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3VI). Florida Statutes. I further certify that the information		•			DO NOT WRITE		
STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. L hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes L further certify that the information							
CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Libereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes Liturber certify that the information					IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. L hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes I further certify that the information	1	!					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Libereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes I further certify that the information							
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Libereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes. I further certify that the information				* . * *			
NAME STREET ADDRESS CITY-ST-ZIP 12. Libereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes I further certify that the information				1 , ,		*	
STREET ADDRESS CITY-ST-ZIP 12. Libereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes. I further certify that the information	TITLE		- Summer .				
CITY-ST-ZIP 12. Uhereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes I further certify that the information				N.			
12. 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 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 fifty report as a required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if	1			, ,			
	12. I hereby of indicated of the cor	certify that the information supplied with this filing on this report or supplemental report is true and poration or the receiver or trustee empowered to the property of the receiver of the	g does not qualify for the exe d accurate and that my signa o execute this report as requi	mption stated in Se ture shall have the ired by Chapter 607	ection 119.07(3)(i), Florida Statutes. I further certify that the same legal effect as if made under oath; that I am an office 7, Florida Statutes; and that my name appears in Block 10 (information er or director or Block 11 if	

SIGNING OFFICER OR DIRECTOR