ALTAMAR, INC. DO NOT WRITE IN THIS SPACE Principal Place of Business I223 Lincoln Road Sule, Apt. 4. etc. City 4 State Miami Beach, Florida City 4 State Country City 4 State	Applied For Not Applicable \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 1223 Lincoln Road 3. Mailing Address 1223 Lincoln Road Suite. Apt. 4. etc. Suite. Apt. 4. etc. City & State Miami Beach, Florida City & State Miami Beach, Florida City & State Miami Beach, Florida Do NOT WRITE IN 33139 USA City & State Miami Beach, Florida 4. FEI Number 01-0567656 Zip 33139 USA 3139 Country 33139 Country USA 7. Name and Address of Current Regit THOMAS C. SHERMAN, ESC BO NOT WRITE IN THIS SPACE Name Coral Gables. 7. Name and Address of Current Regit Attended UBR is 50.00 Attended UBR is 5	HIS SPACE Applied For Not Applicable \$8.75 Additional Fee Required ered Agent
1223 Lincoln Road 1223 Lincoln Road DO NOT WRITE IN Sute, Apt. 4, etc. Sute, Apt. 4, etc. DO NOT WRITE IN City & State Miami Beach, Florida 4. FEI Number 01–0567656 01–0567656 Zip Country 33139 USA 33139 ISA DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE Name and Address of Curent Regin Name THOMAS G. SHERMAN, ESC Street Address (P.O. Box Number is Not Acceptable) ONT WRITE IN THIS SPACE ONT WRITE IN THIS SPACE Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Correct Constant Address of Cure of Constant Regin Name Street Address (P.O. Box Number is Not Acceptable) Correct constant Address of Cure of Constant Regin Name Street Address (P.O. Box Number is Not Acceptable) Correct constant Address of Cure of Constant Regin Name Street Address (P.O. Box Number is Not Acceptable) Street Address of Constant Regin Name Street Address of Constant Address of Flogdac Street Addres Street C	Applied For Not Applicable \$8.75 Additional Fee Required
Suite. Apt. 4. etc. Suite. Apt. 4. etc. DO NOT WRITE IN City & State Miami Beach, Florida City & State Miami Beach, Florida Country Signature State Description DO NOT WRITE IN Country Signature State Country Signature State Signature Stat	Applied For Not Applicable \$8.75 Additional Fee Required
Miami Beach, Florida Miami Beach, Florida 01-0567656 Zip Country S. Certificate of Status Desired S. Certificate of Status Desired 33139 USA 33139 ISA S. Certificate of Status Desired DO-NOT-WRITE IN THIS SPACE Street Address of Current Regit Name THOMAS G. SHERMAN, ESC Street Address (P. Dox Number is Not Acceptable) Street Address (P. Dox Number is Not Acceptable) 18 The above numed entity submits this statement for the purpose of changes (I. Brandell, T. Brandell,	Not Applicable \$8.75 Additional Fee Required
Zip Country Zip Country 5. Certificate of Status Desired 33139 USA 33139 IISA 7. Name and Address of Current Regiment DO-NOT-WRITE IN THIS SPACE THOMAS G. SHERMAN, ESC Street Address (P.O. Box Number is Not Acceptible) 218 ALMERIA AVENUE IN THIS SPACE Coral GabLes. Coral GabLes. I. The above named entity submits this statement for the purport of the purport its registered office or registered agent, or both, in the State of Florida. Coral GabLes. B. The above named entity submits this statement for the purport of the purport its registered office or registered agent, or both, in the State of Florida. If 24 Signature trouve upford name draggimed input and the hybrout. Into Election Campaign Financia If 24 9. This corporation is eligible to satisty is intangible Tax filing requirement and elects to do so. January 1. Fee is \$150.00 Alter May 1, Fee	\$8.75 Additional Fee Required
Image: Street Address of Current Regit DO-NOT-WRITE IN THIS SPACE Street Address (P C. Box Number is Not Acceptable) Street Address (P C. Box Number is Not Acceptable) 218 ALMERIA AVENUE CORAL GABLES, FLORIDA City Coral Gables In the above named entity submits this statement for the purpose of phangers its registered office or registered agent, or both. In the State of Florida. Signature types or grind name druggisserd ingot and the function. Signature types or grind name druggisserd ingot and the function. Image: Signature types or grind name druggisserd ingot and the function. Image: Signature types or grind name druggisserd ingot and the function. Image: Signature types or grind name druggisserd ingot and the function. Image: Signature types or grind name druggisserd ingot and the function. Image: Signature types or grind name druggisserd ingot and the function. Image: Signature types or grind name druggisserd ingot and the function. Image: Signature types or grind name druggisserd ingot and the function. Image: Signature types or grind name druggisserd ingot and the function. Image: Signature types or grind name druggisserd ingot and the function. Image: Signature types or grind name druggisserd ingot and the function. Imax (Image: Signature types or grind name druggissered in	ered Agent
DO NOT WRITE IN THIS SPACE THOMAS G. SHERMAN, ESC Street Address (P.O. Box Number is Not Acceptable) 218 ALMERIA AVENULE CORAL GABLES, FLORIDA City 8. The above named entity submits this statement for the purpose of phaneore, its registered agent, or both, in the State of Flogida. SIGNATURE Section is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$50.00 After May 1, Fee is \$, P.A.
IN THIS SPACE 218 ALMERIA AVENUE CORAL GABLES. FLORIDA CORAL GABLES. FLORIDA City Coral Gables 8. The above named entity submits this statement for the purpose of bhanger is registered office or registered agent, or both, in the State of Florida. 1/24/ SIGNATURE Signame, typed or prived name of registered agent and tele defectore. INCIE: Registered Agent signature required mem of registered agent and tele defectore. 1/24/ 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Imamended UBR is \$61.25 10. Election Campaign Financin Trust Fund Contribution. 11. OFFICERS AND DIRECTORS Intel NAME 10. Election Campaign Financin Trust Fund Contribution. 11.1 Crandon Boulevard, #B11061:C Street Address Street Address 1111 Crandon Boulevard, #B11061:C 11.1 Crandon Boulevard, #B11061:C Street Address DO_NOT_WY 11.1 Crandon Boulevard, #B11061:C Street Address DO_NOT_WY 11.1 Crandon Boulevard, #B11061:C Street Address DO_NOT_WY 11.1 Crandon Boulevard, #B11061:C Street Address Street Address 11.1 Crandon Boulevard, #B11061:C Street Address DO_NOT_WY	
CORAL GABLES, FLORIDA City Coral Gables City Coral	
SIGNATURE Signature, typed or parted name of registered right and talls divide abu. (NOTE: Registered Agent signature required when reinstaining) 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 10. Election Campaign Financian Trust Fund Contribution. 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. Crandon Boulevard, #B11061C 11. Crandon Boulevard, #B11061C 11. Key-Biscayne, Florida 11. NAME 11. STREF ADDRESS 11. S1-2P 11. May find the divide abuse of the dide abuse of the divide abuse of the divide abuse	FL Zip Code 33134
Signature, typed or prividinante draggaland aguita and table displacable. (NOTE: Registured Again signature required whom revisiting) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$100.00 After M	1
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See critoria on back) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State 10. Election Campaign Financin Trust Fund Contribution. III. OFFICERS AND DIRECTORS IIILE NAME III. OFFICERS AND DIRECTORS IIILE NAME III. Claudio Giordano IIILE NAME III. Crandon Boulevard, #B11061C SIREI ADDRESS SIREI ADDRESS III. Crandon Boulevard, #B1061C SIREI ADDRESS SIREI ADDRESS III. Crandon Boulevard, #B1061C SIREI ADDRESS DO-NOT-W III. MAKE SIREI ADDRESS SIREI ADDRESS IIV. SI. 2/P City SI. 2/P SIREI ADDRESS SIREI ADDRESS IIV. SI. 2/P SIREI ADDRESS SIREI ADDRESS DO-NOT-W IIV. SI. 2/P IIILE NAME SIREI ADDRESS SIREI ADDRESS IIV. SI. 2/P IIV. SI. 2/P SIREI ADDRESS SIREI ADDRESS SIREI ADDRESS IIV. SI. 2/P IIV. SI. 2/P SIREI ADDRESS SIREI ADDRESS SIREI ADDRESS IIV. SI. 2/P SIREI A	12
IILE President IIILE IAME Claudio Giordano 1111 Crandon Boulevard, #Bi1061C ITREEI ADDRESS STREET ADDRESS ITREE Key-Biscayne, Florida ITREE IIILE IAME IIILE ITREET ADDRESS IIILE ITTLE IIILE ITTLE IIILE ITTLE IIILE ITTLE IIILE ITTLE IIILE ITTLE IIILE IIILE IIILE <td< th=""><th>\$5.00 May Be Added to Fees</th></td<>	\$5.00 May Be Added to Fees
NAME Claudio Giordano NAME STREET ADDRESS 1111 Crandon Boulevard, #Bi10610 STREET ADDRESS STY-ST-ZIP Key-Biscayne, Florida Intle ITUE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS DO-NOT-W ITUE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS DO-NOT-W ITUE ITTLE INTLE ITUE STREET ADDRESS STREET ADDRESS ITUE STREET ADDRESS STREET ADDRESS ITUE STREET ADDRESS STREET ADDRESS ITUE INTLE INTLE ITUE NAME STREET ADDRESS ITUE STREET ADDRESS STREET ADDRESS ITUE STREET ADDRESS STREET ADDRESS ITUE INTLE INTLE	<u></u>
ITTIT Crandon Boulevard, #BITU61C CITY-ST-ZIP ITTE Key-Biscayne, Florida ITTLE ITTLE IMME STRET ADDRESS ITTY-ST-ZIP CITY-ST-ZIP ITTLE NAME ITTLE NAME ITTLE ITTLE IT	•
ITLE INTLE NAME STREET ADDRESS STREE	
STREET ADDRESS CITY-ST-ZIP TITLE AAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE AAME 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	
ITLE TADRESS DO-NOT-W ITTLE NAME SIREET ADDRESS DO-NOT-W ITTLE IN THIS SP SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP ITTLE IN THIS SP SIREET ADDRESS CITY-ST-ZIP	
AME STREET ADDRESS UTV_ST_ZIP	
ILIV <u>a</u> ST. ZIP OCTV-ST. ZIP DO-NO-I_W ILIV <u>a</u> ST. ZIP DO-NO-I_W ILIV <u>a</u> ST. ZIP ITILE IN THIS SP STREET ADDRESS STREET ADDRESS CITY-ST- ZIP ITILE	
AAME IN INIS SP STREET ADDRESS STREET ADDRESS CITY- ST-ZIP ITLE	RITE
ITREET ADDRESS ITY-ST-ZIP ITLE ITLE ITLE	ACE
TILE TITLE	
HREE1 ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP	
IILE IIILE IILE NAME	
IREELADDRESS	1
CITY-S1-ZIP CITY-	
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; to of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name a attachment with an address, with all other like empowered.	r certify that the information
SIGNATURE:	certify that the information at I am an officer or director bears in Block 11 or on an