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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 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 oath; that I am ar	office or r agent. I a SIGNATURE 12. ITTLE 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 STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PD VAZQUEZ, OMAR A 17401 N.W. 2ND AVE MIAMI FL VPTD VAZQUEZ, OMAR M 17401 NW 2ND AVENUE MIAMI FL VPSD VAZQUEZ, RICHARD J 17401 NW 2ND AVENUE MIAMI FL D TEJERA, JUAN J 17401 NW 2ND AVENUE MIAMI FL	e of Florida. Such change was i jations of, Section 607.0505, Fli gent and title if applicable. (NOT NND DIRECTORS	autonized by the corporationized by the corporation of the	red when reinstating) DATI	E SAND DIRECTO Change Change Change Change Change Change	<u>RS IN 12</u> Addit Addit Addit

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