Daytime Phone #

DOCUMENT # P93000034378 1. Entity Name ABALLI, MILNE, KALIL & GARRIGO, P.A.					FILED Feb 06, 2001 8:00 am Secretary of State 02-06-2001 90317 045 ***150.00		
Principal Place of Business ONE SE THIRD AVE STE 1980 MIAMI FL 33131 US		Mailing Address ONE SE THIRD AVE STE 1980 MIAMI FL 33131 US			712255		
2. Principal Place of Business ONG SE THIRD AVE Suite, Apt. #, etc.		3. Mailing Address ONE SE THIRD AVE Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
STE 2	240	STE ZZSU			4. FEI Number CE 04000EC Applied For		
City & State	_	City & State MIAMI FL		4. 1	El Number 65-0408956	<u> </u>	Applicable
Zip	Country	Zip 33131	Country US	5. (Certificate of Status Desired	\$8.75 Addit	
3313	6. Name and Address of Current R			7. 1	Name and Address of New Register		
			Name				
ONE	GS REGISTERED AGENTS, INC. SE THIRD AVE, STE 1980 II FL 33131	Street Address (ddress (P.O. E	P.O. Box Number is Not Acceptable) F. THIRD AVE STE 2213		
MICH		City M1)			FL Zip Code 33/3/		
9. This corporate filing r	named entity submits this statement for control in the property of registron and the control is eligible to satisfy its Intangible requirement and elects to do so.	CAALS (NOTE: it	G. FA. Registered Agent signature FEE IS \$150.0 1 Fee will be \$5	re required when re		_ +	May Be to Fees
11.	OFFICERS AND D		12.		DITIONS/CHANGES TO OFFICERS	AND DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABALLI, ARTURO J JR ONE SE THIRD AVE, STE 1980 MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONE S	SE THIRD AVE, STE	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILNE, HENDRIK G ONE SE THIRD AVE, STE 1980 MIAMI FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONE SI MIAN	E THIRD AVE, STE	∠ ₩ O	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KALIL, CRAIG P ONE SE THIRD AVE, STE 1980 MIAMI FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONE S MIA.	ETHIND AVE, STE MI FL 33131	Change ∠∠∠o ✓	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARRIGO, SILVIA M ONE SE THIRD AVE, STE 1980 MIAMI FL	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition {
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONE S	WARIA ESCAGEDO E THIRO AVE, STE I , FL	Change	Addition {
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Change	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that my wered to execute this report a	<i>t</i> signature shall h	ave the same.	legal effect as if made under gath: th	iat I am an officer o	or director 1

CRAIG G. KALIL

SIGNATURE AND TYPES OF PRINTED SAME OF SIGNING OFFICER OR DIRECTOR