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T do hereby certily 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; the lam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.	office o agent 1 SNATURE F B EET ADDRES (-SL-7) ² F R EET ADDRES (-SL-7) ² F R EET ADDRES (-SL-7) ² F R EET ADDRES (-SL-7) ² F 7 F F 7	r rogistered agent, or both, I and familiar with and acce E Signature, type diorper teamster OF EBER, ILENE 10761 SW 104 ST MIAMI FL 33178	, in the State of Florida opt the obligations of 5 of reactioned agent and tills. In	Such change was Section 607.0505, F Arphoable UNC ORS DELETE DELETE DELETE DELETE DELETE	 a uthorized 1 Florida Statuti T13. 1.1 TITLE 1.2 NAMA 1.3 STRE 1.4 CITY. 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAMI 	y the corpora es. pent signature requ ET ADDRESS (ST-ZIP) ET ADDRESS (ST-ZIP) E ET ADDRESS (ST-ZIP) E ET ADDRESS (ST-ZIP) E ET ADDRESS (ST-ZIP) E E ET ADDRESS (ST-ZIP) E E	ation's board of directors. I hereby acce	pt the appointment as DATE CERS AND DIRECTOF Change Change Change Change Change Change	RS IN 12 Addition
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