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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 an	office or registered agent, or both, in agent. I am familiar with, and accept Signature, typed or printed name of r COFF IE PST BEHAR, SALVADOR 3575 N.E. 207TH STR AVENTURA FL 33180 IE ME REET ADDRESS Y-ST-ZIP IE ME REET ADDRESS Y-ST-ZIP IE ME REET ADDRESS Y-ST-ZIP IE ME REET ADDRESS Y-ST-ZIP IE ME REET ADDRESS Y-ST-ZIP IE ME REET ADDRESS Y-ST-ZIP IE ME	n the State of Florida. t the obligations of, Se registered agent and title if ap FICERS AND DIRECT	Such change was auti action 607.0505, Florid Picable. (NOTE: R ORS DELETE	, the above-named corporized by the corporation a Statutes. egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	on's board of directors. Thereby accept	FL urpose of changing its registe DATE CERS AND DIRECTORS Change Change Change Change Change Change Change Change Change Change	IN 12 Addition

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