	ا به معنه	PLEASE READ /	ALL INSTI	RUCT	IONS	S BEFORE	E CC	OMPLETI	ING THIS FORM.
	RPORATI STATEM	ION JENT	FLORIDA [ S	DEPAR ecretar sion of c	TMEN y of S	IT OF STATE tate ations	E		ING THIS FORM.
1. Corpore	ation Name	#P9400006		RATIO	ON	***************************************		!	NOV 1 9 2012
	SUNS #, etc.	ess - No P.O. Box # ET DRIVE	3. Mailing Of 10300 S Suite, Apt. #. 6 272 City & State	UNSE		RIVE	-	4. Date Incorp	CR2E081 (11/10) porated or Qualified ness in Florida 9/7/1994
MIAM Zip 33173		Country	MIAMI F <sup>Zip</sup> 33156	L	Countr	у	4	5. FEI Numbe 35057239: 6. CERTIFICATI	
	199 (P.O. Bo	7. Name and Address of  VIZCAIN  VIZCAIN  VIZCAIN  VI V	), LLP			#1045 zip code 33134		<b>5</b> (	00241940735 3/1201002013 **2250.00
8. I, being Signature o Registered			ve named corpor			with and accept th	ne oblig	gations of section	on 607.0505 or 617.0503, F.S.  Date 11 - 9 - 12
9. Names	and Street A	ddresses of Each Officer and Name of Officers and/or Directors	l/or Director (Flor	ida nonpro	S	orations must list a treet Address of E officer and/or Dire	Each	t 3 directors)	City / State / Zip
D	BIBI I	SHOOF		1030	00 S	SUNSET	D	R. 272	MIAMI, FL 33173
						•			
<sup>10.</sup> E-ma	il Addres	ss: CARMEN@WVML	.AWFIRM.CC	DM (==				10-4-	

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter out or oil, F.S. intrinsic units when implication, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on Misjapplication is true and abcurate, and my signature shall have the same legal effect as if made under outh, any aware that false information submitted in a document to the Certaffront State portstitutes a third degree follow as provided for in s 817.155, F.S.

i ma SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suo

2012

Daytime Phone #

Date /

SIGNATURE

## **LAZARUS**

CR2E031(7/97)

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