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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, t I am 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	OFFI E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E	ICEENS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREFT ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 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 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 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	ADDITIONS/CHANGES TO OFFIC 8030 West 16 Ave. Hialeah, FL 33014 Soutullo, Marceli	Change Additio
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