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. Thereby certify 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	I hereby certify 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 eport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	GNATURE 2. ALE ME REET ADDRESS TY-SI-ZIP TLE ME REET ADDRESS TY-SI-ZIP TLE ME REET ADDRESS TY-SI-ZIP TLE ME REET ADDRESS TY-SI-ZIP TLE ME REET ADDRESS TY-SI-ZIP TLE ME REET ADDRESS TY-SI-ZIP TLE ME	Signature typed or protect name of a cycle to protect of the cycle to protect name of the cycle to protect of the cycle to pro	VENUE VENUE DELETE	es, the above-named con authorized by the corpora- orda Statutes. 13. 1.1 Title 1.2 NAME 1.3 STREELADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREELADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREELADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREELADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREELADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREELADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREELADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREELADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	uired when reinstating)	HL urpose of changing its registered 29-9 DATE ERS AND DIRECTORS IN 12 Change Addition
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	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	IGNATURE 2. TLE AME IREET ADDRESS TY-SI-ZIP TLE WME IREET ADDRESS TY-SI-ZIP TLE WME IREET ADDRESS TY-SI-ZIP TLE WME IREET ADDRESS TY-SI-ZIP TLE WME IREET ADDRESS TY-SI-ZIP TLE IREET ADDRESS TY-SI-ZIP	Signature types or protect to the Decision of the CET HS AN OFFICE HS AN DPST DE LA GUARDIA, OSCAR 4900 SOUTH WEST 91ST AN MIAMI FL 33165	VENUE VENUE DELETE DELETE	es, the above-named con authorized by the corpora- ordia Statutes. 13. 1.1 Title 1.2 NAME 1.3 STREELADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREELADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREELADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREELADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREELADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 6.2 NAME 6.3 STREELADDRESS 6.4 CITY-ST-ZIP	uired when reinstaing) ADDITIONS/CHANGES TO OFFIC	HL urpose of changing its registered 29-9 DATE ERS AND DIRECTORS IN 12 Change Addition Change Addition

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