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64 CITY-ST-ZIP ST-ZIP ST-ZIP ST-ZIP 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 	MIAN Pursuant t office or re agent. I an GNATURE E E E E E E E E E E E E E E E E E E	AI FL 33137 to the provisions of Se- agistered agent, or bot n familiar with, and acc Signature, typed or printed nam PD DULMAN, SIDNEY 3550 BISCAYNE E	h, in the State of Florida. Sept the obligations of, S ne of registered agent and tide if a DFFICERS AND DIREC	. Such change was aut Section 607.0505, Florid Inplicable. (NOTE: R TORS DELETE	84 City above-named cornorized by the corporate a Statutes. egistered Agent signature required a Statutes. 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 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 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	statement for the purpos ion's board of directors. I hereby accept the a ad when reinstating) ADDITIONS/CHANGES TO OFFICER: Swan, Margot R. 3550 Biscavne Blvd.	FL
. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an	MIAN Pursuant t office or re agent. I an GNATURE E EET ADDRESS (-ST-ZIP E E E E E E E E E E E E E E E E E E E	AI FL 33137 to the provisions of Se- agistered agent, or bot n familiar with, and acc Signature, typed or printed nam PD DULMAN, SIDNEY 3550 BISCAYNE E	h, in the State of Florida. Sept the obligations of, S ne of registered agent and tide if a DFFICERS AND DIREC	. Such change was aut Section 607.0505, Florid Inplicable. (NOTE: R TORS DELETE	84 City https://www.named.comportal a Statutes. egistered Agent signature requit 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 4.4 CITY- ST-ZIP 5.1 TITLE 5.2 NAME 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	statement for the purpos ion's board of directors. I hereby accept the a ad when reinstating) ADDITIONS/CHANGES TO OFFICER: Swan, Margot R. 3550 Biscavne Blvd.	FL
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	MIAN Pursuant t office or re agent. I an GNATURE E GNATURE E KEET ADDRESS Y-ST-ZIP	AI FL 33137 to the provisions of Se- agistered agent, or bot n familiar with, and acc Signature, hyped or printed nam PD DULMAN, SIDNEY 3550 BISCAYNE E MIAMI FL 33137	h, in the State of Florida. Sept the obligations of, S as of registered agent and title if a DFFICERS AND DIREC NLVD. SUITE 404	. Such change was aut Section 607.0505, Florid Inplicable. (NOTE: R TORS DELETE	84 City a bove-named cornorized by the corporate a Statutes. egistered Agent signature requit 13. 1.1 TITLE 12 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 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 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 6.4 CITY-ST-ZIP	poration submits this statement for the purposion's board of directors. I hereby accept the a red when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS Swan, Margot R. 3550 Biscayne Blvd. Miami, FL 33137	FL