CR2E034 (9/01

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33140 Delete ☐ Change Addition TITI F TITLE GALBAN-EDUARTE, VIVIAN NAME NAME **İSTREET ADDRESS** STREET ADDRESS 4010 N. MERIDIAN AVE., APT 1 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33140 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental report 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

alban 3 +2-03 (305) 525

Date Daytime Phone #