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SIGNATURE June 1 Signature. Signature. Approximate of printed name of report agent and due 1 applicate. (bfE: Registered Agent signature required when reinstance) June 1 9. This corporation is eligible to satisfy intrangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE Defet ITLE ITLE Change Addition NMKE Sate CRANDON BLVD., #14 STRET ADRESS Change Addition SIGRET ADRESS 280 CRANDON BLVD., #14 CITY-ST-2P Change Addition ITLE D CAVELLER, ROBERTO IDelete ITLE Change Addition ITLE D CAVELLER, ROBERTO CARLOS SIREET ADRESS CITY-ST-2P Change Addition ITLE D Change IDelete ITLE Change Addition ITLE D CAVELLER, ROBERTO CARLOS SIREET ADRESS CITY-ST-2P Change Addition	KEY				ty			FL Zip Cod	de	
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 13. I hereby certify that the information supplied with this filing does not goalify 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 strue 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 endowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an accress, with all other like endowered. 	13. I hereby of indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee eroport or on an attachment with an accress, w	this filing does not chalify of true and accurate and that owered to execute this report with all other like empowered	or the exemption my signature that required the second se		on 119.07(3)(i), ne legal effect a lorida Statutes;	Florida Statutes. I fu as if made under oa and that my name a	urther certify that the th; that I am an office appears in Block 11	information er or director or Block 12 if	
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