MAX- VASQUEZ, LEONCIO 12 NANE GR40 NW 181 LN 13 STREET ADDRESS CITY-S1-ZP 14 CITY-S1-ZP MAM DELETE 21 NULE DELETE 21 NULE Change Add SIREET ADDRESS CITY-S1-ZP CITY-S	PROFIT CORPORATION ANNUAL REPOF 1997		FLORIDA DEPAR Sandra B Secretar	TIMENT OF STATE Mortham y of State CORPORATIONS	May 02 1997 8:00an Secretary of State		
Marting Address Marting Address Base M 16 LU Best W 16 LU Base M 16 LU Base M 16 LU Base M 16 LU Base M 16 LU Base Address I. FER Namber Base Address I. Cry & State Base Address of Grant Address of Corrent Registered Agent I. Name and Address of Corrent Registered Agent VASUE2_LEXENCE I. State Address of State Agent Agent Agent Address of Namber Registered Agent VASUE2_LEXENCE I. State Address of State Agent Agent Agent Address of Namber Registered Agent VASUE2_LEXENCE I. State Address of State Agent Agent Agent Address of State Agent Agent Agent Address of State Agent Age			· · ·				
12/05/1991 05/01/1986 2. Principus Place of Business 26. Multing Address 4. E.B. Number Applied For Subit Act # dtc 20. State Act # dtc 30.75. Additions Subit Act # dtc 27. State Act # dtc 30.75. Additions City & State 27. State Act # dtc 30.75. Additions City & State 27. Country 6. Election Company in Prancing \$5.00.0 May Elect Area 28. 28. Country 6. The corporation has failable as under is 199.002 Area 28. 29. 30. Print State State Yes (S No. Area 28. 29. 30. Print State St	46 NW 181 LN	66	146 NW 181 LN	13		A DIGIN DIGUL ANALI DIGIN BUDIL	uiui i ui 1
Environ Za. Maning Address F. TD Number Applied Tables of Business Applied Tables of Control Processing of Status Desired Status Desired <thstatus desired<="" th=""> <thstatus desired<="" th=""> S</thstatus></thstatus>							eport
SNER ApC # dtc SUID: ApL #, dtc 6. Certificate of Struce Desired \$67.5 Additional Fore Regulated City 6. State City 6. State 6. Election Campeign Prencing Addet for Fees City 6. State 20 Country 8. The corporation has liability for intrappible to under s. 199.032 City 6. State 20 20 Country 8. The corporation has liability for intrappible to under s. 199.032 City 6. State 20 20 Country 8. The corporation has liability for intrappible to under s. 199.032 City 6. State 20 20 Country 8. The corporation has liability for intrappible to under s. 199.032 City 6. State 10. Name and Address of Counter Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent VASQUEZ, LEONCIO 64 City FL 65 210.000 64 City FL 65 210.000 65 64 City FL 65 65 65	Principal Place of Busines		Mailing Address		-	Ar	
Image: State intervention 27 City & State intervention Free Required Image: State intervention 28 20 Added to Free VASOUEZ, LEONCIO 64 10. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent VASOUEZ, LEONCIO 64 City 51 10. Name and Address of Control intervention MAM LAKES FL 33015 52 Street Address (For Boot Number in Not Acceptablo) 63 1 10. Name and Address of Control intervention 10. Name and Address of Control intervention 10. Name and Address of Control intervention 1 10. Name and Address of Control intervention 10. Name and Address of Control intervention 10. Name and Address of Name and Addr	Suite Apt # etc		Suite, Apt. #, etc.			\$8.75	Additional
Image: control in the second	City & Stale	27	City & State				<u></u>
25 28 30 Fronds Statutes 12 Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent VASOUEZ, LEONCIO 64 Name 6446 NW 181 LN 11 MIAM LAKES FL 33015 12 14 City FL 15 14 City 16 15 14 17 14 City FL 18 Name 12 14 19 Name 12 14 19 City FL 15 14 City FL 15 14 City FL 15 15 14 City FL 15 16 City FL 15 14 City FL 15 16 City FL 15 15 15 15 15 17 City FL 15 15 15 16 16 16 16 16 16 16 16	······		7.0	Coupley	Trust Fund Contribution	Added	lo Fees
VASQUEZ, LEONCIO BR48 NM 181 LN MIAMI LAKES FL 33015 61 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL (Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL (Street Address (P.O. Box Number is Not Acceptable) 84 City FL (Street Address (P.O. Box Number is Not Acceptable) 84 City FL (Street Address (P.O. Box Number is Not Acceptable) 84 City FL (Street Address (P.O. Box Number is Not Acceptable) 84 City FL (Street Address (P.O. Box Number is Not Acceptable) 84 City FL (Street Address (P.O. Box Number is Not Acceptable) 84 City FL (Street Address (P.O. Box Number is Not Acceptable) 84 City FL (Street Address (P.O. Box Number is Not Acceptable) 84 City FL (Street Address (P.O. Box Number is Not Acceptable) 84 City FL (Street Address (P.O. Box Number is Not Acceptable) 84 Not Hardress Not Hardress 84 Ortricet Address (P.O. Box Number is Not Acceptable) DAtt 84 Ortricet Address (P.O. Box Number is Not Acceptable) DAtt 84	25	29			Florida Statutes	Yes 🚺 No	. 199.032,
6646 NW 181 LN MAMI LAKES FL 33015		······································	tered Agent	61 Name	10. Name and Address of New Re	igistered Agent	
A Presumi to the providence of Sections 807.0502 and 607.1508, Florida Statutes, the above randed corporation submits this statement for the purpose of changing its register approx. In the florida Statutes, the above randed corporation's board of directors. I hereby accept the exploritment as register approx. In the florida Statutes is consistent of the purpose of changing its register approx. In the submit and accept the obligations of, Socton 607.0505. Florida Statutes is consistent of the purpose of changing its register approx. In the submit and accept the obligations of, Socton 607.0505. Florida Statutes is consistent of the purpose of changing its register of the	6646 NW 181 LN			82 Street Add	dress (P.O. Box Number is Not Acceptal	ble)	
Pursue to the previous of Sociaries 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purposes of changing its register energister and submit with, and accept the obligations of, Sociar 607 0506, Florida Statutes, the appointment as register energister energisterenenergister energister energister energister energister energister	MIAMI LAKES FL	33015		83		······································	
Pursue to the previous of Sociaries 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purposes of changing its register energister and submit with, and accept the obligations of, Sociar 607 0506, Florida Statutes, the appointment as register energister energisterenenergister energister energister energister energister energister							
office or repetied agent, or bolt, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accord the appointment as registered agent and and accept the obligations of, Sociola B07.0506, Florida Statutes. IGNATURE				84 City	······································	85 Zio	Code
NCNATURE Include layer or prover form a degree and late of agent added Investigation required when reinstating) DATE 2 OFFICE RS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12 INE UNA Intel Intel Intel Intel Intel Internation and late of agent added in a structure required when reinstating) Intel Intel Intel Intel Intel Internation supplied with this filling does not qualify for the exemption stated in Section 119 07(30)/b, Florida Statutes I further centive that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(30)/b, Florida Statutes I further centive that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(30)/b, Florida Statutes I further centive that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(30)/b, Florida Statutes I further centive that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(30)/b, Florida Statutes I further centive that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(30)/b, Florida Statutes I further centive that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(30)/b, Florida Statutes I further centive that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(30)/b, Florida Statutes I further centive that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(30)/b, Florida Statutes I further centive that the information supplied with the information supplied with the information supplied with the information suponind with the information supplied with the information su	Bure aut to the provision	s of Sections 607 0502 and 6	07 1508 Elorida Statut		moration submits this statement for the s	FL	
2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Inf UASOUEZ, LEONCIO Intitue Intitue Intitue VASOUEZ, LEONCIO 664 NW 181 LN Intitue Intitue Inf. 14 ADRESS Intitue Intitue Intitue MAMILLAKES FL Intitue Intitue Intitue Inf. 14 ADRESS Intitue Intit	 Pursuant to the provision office or registered agen agent. Lam familiar with, 	s of Sections 607.0502 and 6 I, or both, in the State of Flori and accept the obligations o	07.1508, Florida Statut da. Such change was a f, Section 607.0505, Flo	es, the above-named co	rporation submits this statement for the ation's board of directors. I hereby acce	FL	s registered
W- VASQUEZ, LEONCIO 12 MAME RETEALORESS 13 STREET ADDRESS IV-SE 2/P 14 GEV-SE-2/P IV DELETE 21 TITLE Change Add RETEALORESS MA RETEALORESS IV-SE 2/P IV	office or registered agen agent. Lam familiar with, GNATURE	I, or both, in the State of Flori and accept the obligations of	da. Such change was a f, Section 607.0505, Fic	es, the above-named col authorized by the corpora prida Statutes.	ation's board of directors. I hereby acce	FL purpose of changing is pt the appointment as	s registered
6646 NW 181 LN MAAN LAKES FL 13 STRET ADDRESS 14 GIV-S1-ZIP 14 GIV-S1-ZIP 14 GIV-S1-ZIP Change MI 22 NAME 8E14 ADDRESS 23 STRET ADDRESS NI 24 GIV-S1-ZIP 18 GIV-S1-ZIP Change Add 22 NAME 18 GIV-S1-ZIP Change 17 S1-ZIP Change 18 GIV-S1-ZIP Change 19 GIV-S1-ZIP Change 19 GIV-S1-ZIP Change 19 GIV-S1-ZIP S1 GIV-S1-ZIP 19 GIV-S1-ZIP G1115	office or registered agen agent. I am familiar with, GNATURE	 or both, in the State of Florid and accept the obligations or proof same of represent agent and little 	da Such change was a f, Section 607.0505. Fic r applicable (NOT) CTORS	es, the above-named col authorized by the corpora orida Statutes. E. Registered Agent signature req 13.	ation's board of directors. I hereby acce	DATE CERS AND DIRECTOR	ts registered registered
Line DELETE 2.1 Title Change Add Mil 22 NAME 23 STREET ADDRESS 23 STREET ADDRESS Change Add VEST 20° 2 4 DTY: ST-20° Change Add VEST 20° 33 STREET ADDRESS 33 STREET ADDRESS Yest 20°	office or registered agen agent. Lam tamiliar with SNATURE Storatus types or E	L or both, in the State of Florie and accept the obligations of coord care of represent agent and little OFFICERS AND DIREC	da Such change was a f, Section 607.0505. Fic r applicable (NOT) CTORS	es, the above-named col authorized by the corpora orida Statutes. E: Registered Agent signature req 13. 1.1 TILE	ation's board of directors. I hereby acce	DATE CERS AND DIRECTOR	ts registered registered
All 22 NAME RE1 ADDRESS 23 STREET ADDRESS Y: S1 ZP 2 4 GIY: S1-ZP F DELETE 31 TITLE Change Add AF 32 NAME 32 NAME 33 STREET ADDRESS Y: S1 ZP 4 CIY: S1-ZP VE DELETE AST REET ADDRESS 4 CIY: S1-ZP VE DELETE S1 ZP 4 CIY: S1-ZP VE DELETE S1 ZP S1 TITLE VE DELETE S1 ZP S1 TITLE VE DELETE S1 ZP S1 TITLE VE DELETE S1 ZP S1 CIE S1 ZP S1 CIE	office or registered agen agent. Lam familiar with SNATURE Storaton Types of E C C C C C C C C C C C C C C C C C C	I, or both, in the State of Florie and accept the obligations of coord can be obligational little OFFICERS AND DIREC LEONCIO 81 LN	da Such change was a f, Section 607.0505. Fic r applicable (NOT) CTORS	es, the above-named col authorized by the corpora brida Statutes. E. Registered Agent signature required 13. 1.1 TIFLE 1.2 NAME	ation's board of directors. I hereby acce	DATE CERS AND DIRECTOR	ts registered registered
def 1 ADDRESS 2 8 STREET ADDRESS y: 51 /2P 2 4 CHY-ST-ZP def 3 1 TIFLE set 3 2 NAME set 3 3 STREET ADDRESS y: 51 /2P 3 4 CHY-ST-ZIP def AdDRESS 3 3 STREET ADDRESS y: 51 /2P 3 4 CHY-ST-ZIP def AdDRESS 3 4 CHY-ST-ZIP def AdDRESS 3 4 CHY-ST-ZIP def AdDRESS 4 4 CHY-ST-ZIP def AdDRESS 4 3 CHY-ST-ZIP def AdDRESS 5 S STREET ADDRESS y: 51 /2P 4 CHY-ST-ZIP def 5 S STREET ADDRESS y: 51 /2P 5 S STREET ADDRESS y: 51 /2P 5 S STREET ADDRESS def AdDRESS 5 S STREET ADDRESS y: 51 /2P 5 A CHY-ST-ZIP def AdDRESS 6 S STREET ADDRESS y: 51 /2P 5 A CHY-ST-ZIP <t< td=""><td>office or registered agen agent. Lam familiar with, SNATURE becadue bysetur; E E C Ref ADDRESS Ref ADDRESS Y-ST_ZIE</td><td>I, or both, in the State of Florie and accept the obligations of coord can be obligational little OFFICERS AND DIREC LEONCIO 81 LN</td><td>da Such change was a f, Section 607.0505. Fic r applicable (NOT CTORS</td><td>es, the above-named col authorized by the corpora brida Statutes. E. Registered Agent signature required 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP</td><td>ation's board of directors. I hereby acce</td><td>DATE CERS AND DIRECTOR Change</td><td>is registered registered IS IN 12</td></t<>	office or registered agen agent. Lam familiar with, SNATURE becadue bysetur; E E C Ref ADDRESS Ref ADDRESS Y-ST_ZIE	I, or both, in the State of Florie and accept the obligations of coord can be obligational little OFFICERS AND DIREC LEONCIO 81 LN	da Such change was a f, Section 607.0505. Fic r applicable (NOT CTORS	es, the above-named col authorized by the corpora brida Statutes. E. Registered Agent signature required 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ation's board of directors. I hereby acce	DATE CERS AND DIRECTOR Change	is registered registered IS IN 12
St. 74* 2.4 ORY-ST-ZIP E DELETE St. 74* 3.1 TITLE St. 74* 3.2 NAME St. 74* 3.3 STREET ADDRESS St. 74* 3.3 STREET ADDRESS St. 74* 3.4 CITY-ST-ZIP F DELETE Add OP-ST-ZIP F DELETE Add OP-ST-ZIP F DELETE Add OP-ST-ZIP St. 74* Add OP-ST-ZIP F DELETE A CITY-ST-ZIP St. 74* 4.2 NAME St. 74* 4.4 CITY-ST-ZIP St. 74* Add CITY-ST-ZIP St. 74* DELETE St. 74* Add CITY-ST-ZIP St. 74* DELETE St. 74* DELETE St. 74* St. 74*	office or registered agen agent. Lam tamiliar with, SNATURE EBUIRD VASQUEZ, FET ADDRESS F	I, or both, in the State of Florie and accept the obligations of coord can be obligational little OFFICERS AND DIREC LEONCIO 81 LN	da Such change was a f, Section 607.0505. Fic r applicable (NOT CTORS	es, the above-named col authorized by the corpora brida Statutes. E. Registered Agent signature required 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE	ation's board of directors. I hereby acce	DATE CERS AND DIRECTOR Change	ts registered registered
# 32 NAME #EEE ACOURTISS 33 STREET ADDRESS 4: 51 ZP 34 CITY-ST-ZIP F DELETE # 4.2 NAME 4: 2 NAME ME #EEE ADDRESS 4: 2 NAME # <td< td=""><td>effice or registered agen agent. Lam tamiliar with, SNATURE Enc. EET ADDRESS (-ST. ZIP I I</td><td>I, or both, in the State of Florie and accept the obligations of coord can be obligational little OFFICERS AND DIREC LEONCIO 81 LN</td><td>da Such change was a f, Section 607.0505. Fic r applicable (NOT CTORS</td><td>E: Registered Agent signature required Agent s</td><td>ation's board of directors. I hereby acce</td><td>DATE CERS AND DIRECTOR Change</td><td>is registered registered IS IN 12</td></td<>	effice or registered agen agent. Lam tamiliar with, SNATURE Enc. EET ADDRESS (-ST. ZIP I I	I, or both, in the State of Florie and accept the obligations of coord can be obligational little OFFICERS AND DIREC LEONCIO 81 LN	da Such change was a f, Section 607.0505. Fic r applicable (NOT CTORS	E: Registered Agent signature required Agent s	ation's board of directors. I hereby acce	DATE CERS AND DIRECTOR Change	is registered registered IS IN 12
EEF Activitiess 33 STREET ADDRESS Y: S1: 72P 34 CITY-S1-72P F DELETE A: TITLE Change X: A STREET ADDRESS X: S STREET ADDRESS Y: S S STREET ADDRESS <t< td=""><td>office or registered agen agent. Lam temiliar with, SNATURE E. D. VASQUEZ, 6 ST ZIP F. ADDRESS F. ADDRESS F. ADDRESS</td><td>I, or both, in the State of Florie and accept the obligations of coord can be obligational little OFFICERS AND DIREC LEONCIO 81 LN</td><td>da Such change was a f, Section 607.0505. Fic r applicable (NOT CTORS</td><td>es, the above-named col authorized by the corpora prida Statutes. E: Registered Agent signature required 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</td><td>ation's board of directors. I hereby acce</td><td>DATE CERS AND DIRECTOR Change</td><td>is registered registered IS IN 12</td></t<>	office or registered agen agent. Lam temiliar with, SNATURE E. D. VASQUEZ, 6 ST ZIP F. ADDRESS F. ADDRESS F. ADDRESS	I, or both, in the State of Florie and accept the obligations of coord can be obligational little OFFICERS AND DIREC LEONCIO 81 LN	da Such change was a f, Section 607.0505. Fic r applicable (NOT CTORS	es, the above-named col authorized by the corpora prida Statutes. E: Registered Agent signature required 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	ation's board of directors. I hereby acce	DATE CERS AND DIRECTOR Change	is registered registered IS IN 12
A CITY-ST-ZIP F F Change A CITY-ST-ZIP K LEELADDRESS C-ST-ZP K LEELADDRESS STREET ADDRESS K LEELADDRESS STREET ADDRESS	office or registered agen agent. Lam temiliar with, SNA1URE Buz aktin types ura En Abbress FET Abbress F A	I, or both, in the State of Florie and accept the obligations of coord can be obligational little OFFICERS AND DIREC LEONCIO 81 LN	da Such change was a f, Section 607.0505. Fic r approable (NOTI CTORS DELETE DELETE	es, the above-named col authorized by the corpora prida Statutes. E: Registered Agent signature required 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	ation's board of directors. I hereby acce	PL purpose of changing if purpose of changing if provide appointment as DATE CERS AND DIRECTOF Change Change	ts registered registered IS IN 12
F DELETE 4.1 TITLE Change Add PE 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS F-SD-74P 44 CITY-ST-ZIP Change Add F DELETE 5.1 TITLE Change Add At DELETE 5.1 TITLE Change Add At DELETE 5.1 TITLE Change Add At 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS S.3 STREET ADDRESS Y-SL-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Add At DELETE 6.1 TITLE Change Add At 6.2 NAME 6.3 STREET ADDRESS S.4 CITY-ST-ZIP Add At 6.3 STREET ADDRESS 6.3 STREET ADDRESS S.4 CITY-ST-ZIP Add At 6.3 STREET ADDRESS 6.3 STREET ADDRESS S.5 J. ZIP S.4 CITY-ST-ZIP Add At 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP S.4 CITY-ST-ZIP S.4 CITY-ST-ZIP S.4 CITY-ST-ZIP At 5.1 ZIP 5.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP S.4 CITY-ST-ZIP S.4 CITY-ST-ZIP S.	office or registered agen agent. Lam familiar with, SNATURE EUX after Types or VASQUEZ, 6846 NW 1 MIAMI LAXI F H H EELADORESS C SL 74C E 6	I, or both, in the State of Florie and accept the obligations of coord can be obligational little OFFICERS AND DIREC LEONCIO 81 LN	da Such change was a f, Section 607.0505. Fic r approable (NOTI CTORS DELETE DELETE	es, the above-named col authorized by the corpora- prida Statutes. E: Registered Agent signature registree 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	ation's board of directors. I hereby acce	PL purpose of changing if purpose of changing if provide appointment as DATE CERS AND DIRECTOF Change Change	ts registered registered
AB STREET ADDRESS 43 STREET ADDRESS x-S1-2P 44 CITY-ST-ZIP LE DELETE S1 TITLE Change Add At S2 NAME EET ADDRESS Y-S1-ZP S3 STREET ADDRESS Y-S1-ZP S4 CITY-ST-ZIP LF DELETE S1 STREET ADDRESS Y-S1-ZP LF DELETE 61 TITLE Change Add Add At S1 ZP LF DELETE 61 TITLE Change Add Add Add Add S1 ZP L do horeby, certify that the information supplied with this filling does not gualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	office or registered agen agent. Lam familiar with, SNATURE E D VASQUEZ, 6846 NW 1 HELADDRESS F SL 20 E E AL EELADDRESS F SL 20 E E	I, or both, in the State of Florie and accept the obligations of coord can be obligational little OFFICERS AND DIREC LEONCIO 81 LN	da Such change was a f, Section 607.0505. Fic r approable (NOTI CTORS DELETE DELETE	es, the above-named con authorized by the corpora- prida Statutes. E: Registered Agent signature required 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS	ation's board of directors. I hereby acce	PL purpose of changing if purpose of changing if provide appointment as DATE CERS AND DIRECTOF Change Change	ts registered registered
c-S1-Zi ^o 44 GIY-ST-ZiP E DELETE S1-TITLE Change Add At S2 NAME EFT ADDRESS AS S1 ZIF F DELETE S1-ZiF S4 DITY-ST-ZIP F DELETE 61 TITLE DELETE 61 TITLE Change Add 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP 10 do brorebry certify that the information supplied with this filing does not gualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	office or registered agen agent. Lam familiar with, snATURE biorature byperurg c Biorature byperurg VASQUEZ, 6846 NW 1 MIAMI LAXI F It ADDRESS C ST ZIP F It ADDRESS C ST ZIP F It ADDRESS C ST ZIP	I, or both, in the State of Florie and accept the obligations of coord can be obligational little OFFICERS AND DIREC LEONCIO 81 LN	da Such change was a f, Section 607.0505. Fic r approable (NOTI CTORS DELETE DELETE DELETE	es, the above-named con authorized by the corpora- prida Statutes. E: Registered Agent signature req- 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	ation's board of directors. I hereby acce		ts registered registered
E DELETE 5.1 TITLE Change Add HE 52 NAME 53 STREET ADDRESS 53 STREET ADDRESS CS1_ZIF 54 CITY-ST-ZIP Change Add HE DELETE 61 TITLE Change Add If DELETE 61 TITLE Change Add IEF ADDRESS 63 STREET ADDRESS 63 STREET ADDRESS Change Add IF DELETE 61 TITLE Change Add IF 0 STREET ADDRESS 63 STREET ADDRESS Change Add IF 64 CITY-ST-ZIP 64 CITY-ST-ZIP Image Image Image Image IF 0 b circetry certify that the information supplied with this filing does not gualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Image: Comparison stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the	office or registered agen agent. Lam familiar with, sNATURE Eaclafore hyperius C Backafore hyperius C Backafore hyperius Backafore hyperius C Backafore hyperius Backafore hyperius C Backafore hyperius Backafore hyperin Backafore hyperius Backafore hyperius Backafore hyperius Bac	I, or both, in the State of Florie and accept the obligations of coord can be obligational little OFFICERS AND DIREC LEONCIO 81 LN	da Such change was a f, Section 607.0505. Fic r approable (NOTI CTORS 0ELETE DELETE DELETE	es, the above-named con authorized by the corpora- prida Statutes. E: Registered Agent signature required 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE	ation's board of directors. I hereby acce		Is registered registered IS IN 12 Addition
H 52 NAME EFT ADDRESS 53 STREET ADDRESS C S1_ZPF 54 CITY-ST-ZP F DELETE 61 TITLE Change Add If 62 NAME EFT ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 1 do horreby 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	office or registered agen agent. Lam familiar with, SNATURE Encoduce hypertury (ELADDRESS (ELADDRES	I, or both, in the State of Florie and accept the obligations of coord can be obligational little OFFICERS AND DIREC LEONCIO 81 LN	da Such change was a f, Section 607.0505. Fic r approable (NOTI CTORS 0ELETE DELETE DELETE	es, the above-named con authorized by the corpora- orida Statutes. E: Registered Agent signature required 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	ation's board of directors. I hereby acce		Is registered registered IS IN 12 Addition
EFT ADDRESS 53 STREET ADDRESS 6-S1_ZIF 54 CITY-ST-ZIP F DELETE 61 TITLE Change Add 16 16 16 17 17 18 19 10 10 11 11 12 13 14 15 15 16 17 17 16 17 16 16 17 16 16 17 16 17 17 16 17 17 17 17 18 19 19 10 10 10 10 10 10 10 10 10 10 11 11 11 11 11 12 13 14 14	office or registered agen agent. Lam familiar with, anAtURE Encratacion water un encrete agen AAtURE Encratacion water un encrete agen VASQUEZ, 6646 NW 1 MIAMI LAKI F It It It It It It It It It It It It It	I, or both, in the State of Florie and accept the obligations of coord can be obligational little OFFICERS AND DIREC LEONCIO 81 LN	da. Such change was a f, Section 607.0505. Fic T approable (NOTI CTORS DELETE DELETE DELETE DELETE	es, the above-named con authorized by the corpora- prida Statutes. E: Registered Agent signature required 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	ation's board of directors. I hereby acce		Is registered registered
A: S1: ZIF 54 CITY- ST- ZIP F DELETE 61 TITLE 16 16 16 17 DELETE 63 STREET ADDRESS 63 STREET ADDRESS 64 CITY- ST- ZIP 1 do 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	office or registered agen agent. Lam tamiliar with, iNATURE storatum typestury e CLADDRESS -SL-ZIP E E EELADDRESS -SL-ZIP E EELADDRESS -SL-ZIP E EELADDRESS -SL-ZIP E	I, or both, in the State of Florie and accept the obligations of coord can be obligational little OFFICERS AND DIREC LEONCIO 81 LN	da. Such change was a f, Section 607.0505. Fic T approable (NOTI CTORS DELETE DELETE DELETE DELETE	es, the above-named col authorized by the corpora orida Statutes. E: Registered Agent signature required 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	ation's board of directors. I hereby acce		Is registered registered
H DELETE 61 TITLE Change Add If 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 10 bit	office or registered agen agent. Lam tamiliar with, iNATURE storatum typestury e CLADDRESS -SLZIP E E E E E E E E E E E E E E E E E E E	I, or both, in the State of Florie and accept the obligations of coord can be obligational little OFFICERS AND DIREC LEONCIO 81 LN	da. Such change was a f, Section 607.0505. Fic T approable (NOTI CTORS DELETE DELETE DELETE DELETE	es, the above-named col authorized by the corpora orida Statutes. E: Registered Agent signature required 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	ation's board of directors. I hereby acce		Is registered registered
EEF ADDRESS K-SL-2P - 5 do foreby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	office or registered agen agont. Lam tamiliar with, SNATURE Encoded by ASQUEZ, 641 ADDRESS (-SL-ZIP E EELADDRESS (-SL-ZIP E EELADDRESS (-SL-ZIP E EELADDRESS (-SL-ZIP E EELADDRESS (-SL-ZIP E E EELADDRESS (-SL-ZIP E E EELADDRESS (-SL-ZIP E E EELADDRESS (-SL-ZIP E E E EELADDRESS (-SL-ZIP E E E E E E E E E E E E E E E E E E E	I, or both, in the State of Florie and accept the obligations of coord can be obligational little OFFICERS AND DIREC LEONCIO 81 LN	da. Such change was a f, Section 607.0505. Fic T approable (NOTI CTORS DELETE DELETE DELETE DELETE	es, the above-named col authorized by the corpora orida Statutes. E: Registered Agent signature required 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	ation's board of directors. I hereby acce		Is registered registered
6.4 CITY-ST-7/P - Edu bareby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	office or registered agen agent. Lam terniliar with, ENATURE E D VASQUEZ, 641 ADDRESS (-SL-ZP E ADDRESS (-SL-ZP E ADDRESS (-SL-ZP E E ADDRESS (-SL-ZP E E ADDRESS (-SL-ZP E E E E E E E E E E E E E E E E E E E	I, or both, in the State of Florie and accept the obligations of coord can be obligational little OFFICERS AND DIREC LEONCIO 81 LN	da. Such change was a f, Section 607.0505. Fic r appreable (NOTI CTORS DELETE DELETE DELETE DELETE DELETE	es, the above-named col authorized by the corpora orida Statutes. E: Registered Agent signature required 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 5.4 CITY-ST-ZIP	ation's board of directors. I hereby acce		Is registered registered
I do 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	office or registered agen argent. Lam familiar with, SNATURE EDU-atom byperturs FET ADDRESS (-SL-ZIP F AL EELADDRESS (-SL-ZIP F EELADDRESS (-SL-ZIP) F EELADDRESS (-SL-ZIP F EELADDRESS (-SL-ZIP) F F F F F F F F F F F F F F F F F F F	I, or both, in the State of Florie and accept the obligations of coord can be obligational little OFFICERS AND DIREC LEONCIO 81 LN	da. Such change was a f, Section 607.0505. Fic r appreable (NOTI CTORS DELETE DELETE DELETE DELETE DELETE	es, the above-named col authorized by the corpora- prida Statutes. E: Registered Agent signature registreed 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 3.4 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	ation's board of directors. I hereby acce		Is registered registered IS IN 12 Addition Addition Addition Addition
at a state of a balance of the state of the	Office or registered agen agent. Lam temiliar with SNATURE Encoder by endury FETADDRESS FETADDRESS FETADDRESS FSTZIP F AL EETADDRESS F-STZIP F EETADDRESS F-STZIP F EETADDRESS F-STZIP F EETADDRESS F-STZIP F EETADDRESS F-STZIP F E EETADDRESS F-STZIP F E E E E F ADDRESS F-STZIP F E E E F ADDRESS F-STZIP F E E E F ADDRESS F-STZIP F E E E F ADDRESS F-STZIP F E E F ADDRESS F-STZIP F E E F ADDRESS F-STZIP F E E F ADDRESS F-STZIP F E E F ADDRESS F-STZIP F E E F ADDRESS F-STZIP F E E F ADDRESS F-STZIP F E E F ADDRESS F-STZIP F E E F ADDRESS F-STZIP F E E F ADDRESS F-STZIP F E E F ADDRESS F-STZIP F E E F ADDRESS F-STZIP F E E F ADDRESS F-STZIP F E E F ADDRESS F-STZIP F E E F ADDRESS F-STZIP F E E F ADDRESS F-STZIP F E E F ADDRESS F-STZIP F E F F F F F F F F F F F F F F F F F	I, or both, in the State of Florie and accept the obligations of coord can be obligational little OFFICERS AND DIREC LEONCIO 81 LN	da. Such change was a f, Section 607.0505. Fic r appreable (NOTI CTORS DELETE DELETE DELETE DELETE DELETE	es, the above-named col authorized by the corpora 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 3.4 CITY-ST-ZIP 4.1 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 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	ation's board of directors. I hereby acce		Is registered registered IS IN 12 Addition Addition Addition Addition
of structure indicated on this annual report or supplemental annual report is true and eccurate and that my signature shall have the same legal effect as if made under oath; 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	office or registered agen argent. Lam familiar with, SNATURE E. D. VASQUEZ, 6446 NW 1 MIAMI LAKI F. ADDRESS C-SL ZIP F. AL EELADDRESS Y-SL ZIP F. EELADDRESS Y-SL ZIP F. EELADDRESS Y-SL ZIP F. EELADDRESS Y-SL ZIP F. EELADDRESS Y-SL ZIP F. EELADDRESS Y-SL ZIP F. EELADDRESS Y-SL ZIP F. EELADDRESS Y-SL ZIP F.	L or both, in the State of Flori and accept the obligations o OFFICERS AND DIREC OFFICERS AND DIREC LEONCIO 81 LN ES FL	da. Such change was a f, Section 607.0505. Fic r applicable (NOTI CTORS 0ELETE DELETE DELETE DELETE DELETE DELETE DELETE	es, the above-named col authorized by the corpora 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 3.4 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	ation's board of directors. I hereby acce ured when reinstaling) ADDITIONS/CHANGES TO OFFI	FL purpose of changing if put the appointment as DATE CERS AND DIRECTOF Change Change	Is registered registered IS IN 12 Addition Addition Addition