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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 Lam an official or difference of the carbon to the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under	PURSUALL OF DEPONSIONS OF SE or registered agent, or both, in t familiar with, and accept the oblining INATURE Electronic typed or pretend ner PETASNE, ROE ELADDRESS S1-2IP NORTH MIAMI V E PETASNE, LEO ELADDRESS S1-2IP NO. MIAMI BEA ST E PETASNE, CLA ST E PETASNE, CLA	ctions 607.0502 and 607.1 the State of Florida. Such cl igations of, Section 607.05 OFFICERS AND DIRECT C BERT IT. BCH FL 33160 N T ACH FL 33179 UDłO T	1508, Florida Statute, hange was autnorize i05, Florida Statutes, i05, Florida Statutes, i0	s, the above-named corp. d by the corporation's bo 13. 1.1 TILE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3.1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4.1 TITLE 42 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 6.1 TITLE 5.2 NAME	ario of directors. I hereby accept the ap	Change Addition CATE Change FFICERS AND DIRECTORS IN 12 Addition Change Addition