## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V68403

JABS TRADING CORP.

## FILED May 07 1997 8:00am Secretary of State

Sign above typed or princed name of highparces agents and the flagbricates   INDIE Registered Agent signesture required when retraining   DATE						• •		İ				
Same   Sables   Fl	Principa Plac	e of Business		Mailing Addre	ess Do	nede l	R1vd					
Procedul Face of Branness   2a. Mailing Address   10 Edgewater Dr.   2a   10 Edgewater Dr.   3c   10 Edgewater Dr.   3c   10 Edgewater Dr.   4c   10								3				
10 Edgewater Dr.   26   10 Edgewater Dr.   65-0359734								10/02	/1992			Report
Safe And #. CC						er Dr	•					
Coral Gables, F1 2e Coral	Suite, Apt	#, etc		· ·			:	5. Certificate	of Status Desired		\$8.75	Additional
33133 Ze US 28 33133 30 US 1. Is corporation has habitly for interruption are under s. 199.032 33133 30 US 1. Name and Address of Current Registered Agent 1. Name and Address of Live Country 1. Name and Address of Live Country 1. Name and Address of How Registered Agent 1. Name and Add	City & Stati	ie		City & Sta	ite	es F	1 :	<b>I</b>		<u> </u>		
Nelson, Garry Esq   801 Brickell Avenue, 9TH F1   82 Street Address (P.O. Box Number is Not Acceptable)   82 S. Bliscayne Blvd   83   Street Address (P.O. Box Number is Not Acceptable)   83   Street Address (P.O. Box Number is Not Acceptable)   84   City   FL   85   Zp Code   85   City   FL   85   Zp Code   86   City   FL   86   Zp Code   Sp Code	2 p	Country		Zip		Country		8. This corpo	ration has hability fo		e tax under	<del></del>
Nelson, Garry Esq 801 Brickell Avenue, 9TH F1 2 S.Biscayne Blvd Miami, F1 33131  Pusuant to the provisions of Sections 607 0502 and 607 1506. Florida Statues, the above-nemed corporation submits this statement for the purpose of changing its register office or ring streed agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent and standard with, and accept the obligations of Section 607 0505. Florida Statues.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS  12. NAME 12. NAME 12. NAME 13. NAME 22. NAME 22. STREET ADDRESS 34. OFFICERS AND DIRECTORS IN 12. OFFICERS	3313					30 US						
Nelson, Garry Esq 801 Brickell Avenue, 9TH F1 2 S.Biscayne Blvd Miami, F1 33131  Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its register of cont. in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent are the state of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent are the state of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent are the state of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent are the state of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere of the corporation's board of directors. I hereby accept the appointment as registere agent are the state of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent are the state of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent are the corporation's board of directors. I hereby accept the appointment as registere agent are the corporation's board of directors. I hereby accept the appointment as registere agent are the corporation's board of directors. I hereby accept the appointment as registere agent are the corporation's board of directors. I hereby accept the appointment as registere agent are the corporation's board of directors. I hereby accept the appointment as registere agent are the corporation's board of directors. I hereby accept the appointment as registere agent are the corporation's board of directors. I hereby accept the appointment as registere agent are the corporation's board of directors		9. Name and Address (	of Current H	egistered Ager	11	81	Name	10. Name and	Address of New I	Registered	Agent	
801 Brickell Avenue, 9TH F1 2 S. Biscayne Blvd Miami, F1 33131  Pursuant to the provisions of Sections 607,0502 and 607 1506. Florida Statules, the above-named corporation submits this statement for the purpose of changing its register office or right strend agent or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its register office or right strend agent or both, in the State of Florida. Such change was authorized by the corporation's both of directors. I hereby accept the appointment as register of agent term transfur with, and accept the obligations of, Section 607,0505, Florida Statules.  NOTE Repared Agents (parked part of the purpose of the purpos	Nels	on. Garry Es	a				Marrie		1 1			
2 S. Biscayne Blvd Miami, Fl 33131  Bal City  FL 85 Zip Code  Pursuant to the provisions of Sections 607,0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing ris register cifice or ring stered agent or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent are the appointment are the appointment as registered agent are the appointment are the ap				TH F1		82	Street Ad	doress (P.O. Box Nu	mber is Not Accept	able)	· · · · · · · · · · · · · · · · · · ·	
Miami, F1 33131    City   FL   S5 Zp Code						00					<del></del>	<del></del>
B4   City   FL   85   Zip Code						63	1					
STACE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,_,				84	City		*****	P* 1	85 Z <sub>1</sub>	Code
STACE	<del></del>							• *************************************	· · · · · · · · · · · · · · · · · · ·	<u> </u>	•	
OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Chice of a			on of Contan Ci		rida Statutes	i. 1 ·					
DELETE									· · · · · · · · · · · · · · · · · · ·		<del></del>	
Lopes	SNATURE	Signature typed or printed name of re	igistared agent an	o tile if applicable		Registered Age		<u></u>	CHANGES TO GE		D DIBECTO	DC IAI 12
13 STREET ADDRESS   10   Edgewater Dr. #9A	PRUTAM	Signature typed or printed name of re OFFIC	igistared agent an	d tile if applicable	(NOTE	Registered Age	nt signature rec	ADDITIONS	CHANGES TO OFF			
Coral Gables, F1 33143	SNATURE E	Signature hyped or printed name of re-OFFIC	gistored agent an CERS AND D	rd tille if applicable	(NOTE	Registered Age	nt signature rec	ADDITIONS		ICERS AN		
DELETE   21 TITLE     Change   Add	NATURE E	Signature typed or printed name of re OFFIC  D Lopes, Jose	pistored agent an DERS AND D	rd tile if applicable IRECTORS	(NOTE	Registered Age 13. 1.1 TITLE 1.2 NAME	nt signature red	ADDITIONS ) .opes, Jos	e Barbos	ICERS AN		
	NATURE  E ET ADDRESS	Signature typed or printed name of re OFFIC D Lopes, Jose 340 Isla Dor	ogistored agent an DERS AND D Barbos ada BI	RECTORS  3.8 Lvd	(NOTE	Registered Age 13. 1.1 TITLE 1.2 NAME 1 3 STREET	nt signature rec	ADDITIONS Opes, Jos Opesey Josephan	se Barbos er Dr. #	EICERS AN B 9 A		
23 STREET ADDRESS   24 CITY-ST-ZIP	SNATURE  E  EE  EF ADDRESS  -SI-ZIP	Signature typed or printed name of re OFFIC D Lopes, Jose 340 Isla Dor	ogistored agent an DERS AND D Barbos ada BI	rd trile if applicable IRECTORS  3 8 L v d 33143	(NOTÉ DELÉTÉ	Rogistered Age 13. 11 TITLE 1.2 NAME 13 STREET 14 CITY-S	nt signature rec	ADDITIONS Opes, Jos Opesey Josephan	se Barbos er Dr. #	EICERS AN B 9 A	Change	Addi
DELETE     DELETE     Change   Add	NATURE  E ET ADDRESS -ST-ZIP	Signature typed or printed name of re OFFIC D Lopes, Jose 340 Isla Dor	ogistored agent an DERS AND D Barbos ada BI	rd trile if applicable IRECTORS  3 8 L v d 33143	(NOTÉ DELÉTÉ	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE	nt signature rec	ADDITIONS Opes, Jos Opesey Josephan	se Barbos er Dr. #	EICERS AN B 9 A	Change	Add
DELETE   31 TITLE   Change   Add     32 NAME   33 STREET ADDRESS    -Statile   DELETE   At TITLE   Change   Add     4 CITY-ST-ZIP   Change   Add     5 NAME   CS     4 CITY-ST-ZIP     DELETE   51 TITLE   Change   Add     5 NAME   STREET ADDRESS     5 STREET ADDRESS   STREET ADDRESS     6 STREET ADDRESS   STREET ADDRESS     6 STREET ADDRESS   STREET ADDRESS     6 STREET ADDRESS   STREET ADDRESS     5 STREET ADDRESS   STREET ADDRESS   STREET ADDR	NATURE  E ET ADDRESS -ST-ZIP E	Signature typed or printed name of re OFFIC D Lopes, Jose 340 Isla Dor	ogistored agent an DERS AND D Barbos ada BI	rd trile if applicable IRECTORS  3 8 L v d 33143	(NOTÉ DELÉTÉ	Rogistered Ago  13.  1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt aignature rec	ADDITIONS Opes, Jos Opesey Josephan	se Barbos er Dr. #	EICERS AN B 9 A	Change	Add
33 STREET ADDRESS   34 CHY-ST-ZIP	NATURE  E ET ADDRESS -ST-ZIP E ET ADDRESS	Signature typed or printed name of re OFFIC D Lopes, Jose 340 Isla Dor	ogistored agent an DERS AND D Barbos ada BI	rd trile if applicable IRECTORS  3 8 L v d 33143	(NOTÉ DELÉTÉ	Registered Age  13.  1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS	ADDITIONS Opes, Jos Opesey Josephan	se Barbos er Dr. #	EICERS AN B 9 A	Change	Addi
33 STREET ADDRESS   34 CHY-ST-ZIP	NATURE  E E EF ADDRESS -SI-ZIP E E E EF ADDRESS	Signature typed or printed name of re OFFIC D Lopes, Jose 340 Isla Dor	ogistored agent an DERS AND D Barbos ada BI	B 8 L v d 33143	INOTE  DELETE  DELETE	Registered Age  13.  1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	ADDRESS	ADDITIONS Opes, Jos Opesey Josephan	se Barbos er Dr. #	EICERS AN B 9 A	Change	☐ Addi
ST-219	ENATURE  E EF ADDRESS -ST-ZIP E EF ADDRESS -ST-ZIP	Signature typed or printed name of re OFFIC D Lopes, Jose 340 Isla Dor	ogistored agent an DERS AND D Barbos ada BI	B 8 L v d 33143	INOTE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	ADDRESS	ADDITIONS Opes, Jos Opesey Josephan	se Barbos er Dr. #	EICERS AN B 9 A	Change	Addi
DELETE   4.1 TITLE   Change   Accepted   A	E ET ADDRESS ET ADDRESS ET ADDRESS ET ADDRESS ET ADDRESS EST- 2112	Signature typed or printed name of re OFFIC D Lopes, Jose 340 Isla Dor	ogistored agent an DERS AND D Barbos ada BI	B 8 L v d 33143	INOTE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS T. ZIP  ADDRESS T. ZIP  ADDRESS T. ZIP	ADDITIONS Opes, Jos Opesey Josephan	se Barbos er Dr. #	EICERS AN B 9 A	Change	☐ Addi
A   STREET ADDRESS   A   CITY-ST-ZIP   A   CIT	ENATURE  ELECTADDRESS -ST-ZIP  ELECTADDRESS -ST-ZIP  ELECTADDRESS -ST-ZIP  ELECTADDRESS	Signature typed or printed name of re OFFIC D Lopes, Jose 340 Isla Dor	ogistored agent an DERS AND D Barbos ada BI	B 8 L v d 33143	INOTE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS ADDRESS T-ZIP C	ADDITIONS Opes, Jos Opesey Josephan	se Barbos er Dr. #	EICERS AN B 9 A	Change	☐ Addi
A   STREET ADDRESS   A   STREET ADDRESS   A   CTY - ST - ZIP	E E E ADDRESS E ADDR	Signature typed or printed name of re OFFIC D Lopes, Jose 340 Isla Dor	ogistored agent an DERS AND D Barbos ada BI	in the flappicable in the control of	DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 3.4 CITY-S	ADDRESS ADDRESS T-ZIP C	ADDITIONS Opes, Jos Opesey Josephan	se Barbos er Dr. #	EICERS AN B 9 A	Change	Addi
DELETE   51 TITLE   Change   Addition   Ad	ENATURE  ELECTADRESS -ST-ZIP  ELECTADRESS -ST-ZIP  ELECTADRESS -ST-ZIP  ELECTADRESS -ST-ZIP  ELECTADRESS	Signature typed or printed name of re OFFIC D Lopes, Jose 340 Isla Dor	ogistored agent an DERS AND D Barbos ada Bl	in the flappicable in the control of	DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE	ADDRESS ADDRESS T-ZIP C	ADDITIONS Opes, Jos Opesey Josephan	se Barbos er Dr. #	EICERS AN B 9 A	Change	Addi
DELETE   51 Title   Change   Addition   Ad	ENATURE  E  E  E  E  E  E  F  F  F  E  E  E  T  F  E  E  T  E  E  E  E  E  E  E  E  E  E	Signature typed or printed name of re OFFIC D Lopes, Jose 340 Isla Dor	ogistored agent an DERS AND D Barbos ada Bl	in the flappicable in the control of	DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ADDITIONS Opes, Jos Opesey Josephan	se Barbos er Dr. #	EICERS AN B 9 A	Change	Addi
53 STREET ADDRESS   54 CITY - 5T - ZIP   55 CITY - ZIP	ENATURE  E  EET ADDRESS  -ST-ZIP	Signature typed or printed name of re OFFIC D Lopes, Jose 340 Isla Dor	ogistored agent an DERS AND D Barbos ada Bl	in the flappicable in the control of	DELETE  DELETE	Registered Age  13.  1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS	ADDITIONS Opes, Jos Opesey Josephan	se Barbos er Dr. #	EICERS AN B 9 A	Change	Addi
SE 795   SA CITY-ST-ZIP   SA CITY-ST-ZIP   SA CITY-ST-ZIP   STREET ADDRESS   CA CITY-ST-ZIP   SA CITY-ST-Z	ENATURE  E  EET ADDRESS  (-ST-ZIP  E  EET ADDRESS  (-ST-ZIP  E  EET ADDRESS  (-ST-ZIP  AS  EET ADDRESS  (-ST-ZIP  E  EET ADDRESS  (-ST-ZIP  E  E  E  E  E  E  E  E  E  E  E  E  E	Signature typed or printed name of re OFFIC D Lopes, Jose 340 Isla Dor	ogistored agent an DERS AND D Barbos ada Bl	d tile if applicable IRECTORS  B 8 L v d 33143	DELETE  DELETE  DELETE	Registered Age  13.  1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS	ADDITIONS Opes, Jos Opesey Josephan	se Barbos er Dr. #	EICERS AN B 9 A	Change Change	Addi   Addi   Addi   Add   CS   5/7/9
DELETE   G1 TITLE   Change   Address   ADDD2175034   Address   -05/12/9701104008   -05/12/9701104008   Address   -05/12/97011040	E SEL ADDRESS : -ST-ZIP E	Signature typed or printed name of re OFFIC D Lopes, Jose 340 Isla Dor	ogistored agent an DERS AND D Barbos ada Bl	d tile if applicable IRECTORS  B 8 L v d 33143	DELETE  DELETE  DELETE	Registered Age  13.  1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS	ADDITIONS Opes, Jos Opesey Josephan	se Barbos er Dr. #	EICERS AN B 9 A	Change Change	Addi
62 NAME 40002175034 61 4007553 - 05/12/9701104008 -51 778 ***165.00	E E E E E E E E E E E E E E E E E E E	Signature typed or printed name of re OFFIC D Lopes, Jose 340 Isla Dor	ogistored agent an DERS AND D Barbos ada Bl	d tile if applicable IRECTORS  B 8 L v d 33143	DELETE  DELETE  DELETE	Registered Age  13.  1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ADDITIONS Opes, Jos Opesey Josephan	se Barbos er Dr. #	EICERS AN B 9 A	Change Change	Addi   Addi   Addi   Add   CS   5/7/9
***165.00	E ADDRESS CONTROL OF THE PROPERTY OF THE PROPE	Signature typed or printed name of re OFFIC D Lopes, Jose 340 Isla Dor	ogistored agent an DERS AND D Barbos ada Bl	Ba Lvd 33143	DELETE  DELETE  DELETE  DELETE	Registered Age  13.  1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS T-ZIP	ADDITIONS Opes, Jos Opesey Josephan	se Barbos er Dr. #	EICERS AN B 9 A	Change Change	Addi   Addi   Addi   Add   CS   5/7/9
(-S1-2P ***165.00	ENATURE  E  ME  EET ADDRESS  (-ST-ZIP  E  EET ADDRESS  (-ST-ZIP  -  ME  EET ADDRESS  (-ST-ZIP  E  ME  EET ADDRESS  (-ST-ZIP  E  ME  EET ADDRESS  (-ST-ZIP  E  EET ADDRESS  (-ST-ZIP  E  EET ADDRESS	Signature typed or printed name of re OFFIC D Lopes, Jose 340 Isla Dor	ogistored agent an DERS AND D Barbos ada Bl	Ba Lvd 33143	DELETE  DELETE  DELETE  DELETE	Registered Age  13.  1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 5.4 CITY-S 5.5 STREET 5.5 CITY-S	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS T-ZIP	ADDITIONS  Opes, Jos  OEdgewat  Corel Gab	se Barbos er Dr. # Les. Fl 3	B 9A 3133	Change  Change  Change	Addi
7-51-19"	SNATURE  E  ME  ME  ME  ME  ME  ME  ME  ME  M	Signature typed or printed name of re OFFIC D Lopes, Jose 340 Isla Dor	ogistored agent an DERS AND D Barbos ada Bl	Ba Lvd 33143	DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 5.4 CITY-S 6.1 TITLE 5.5 TREET 5.6 TITLE 6.1 TITLE 6.1 TITLE 6.1 TITLE 6.2 NAME 6.3 STREET 6.3 STREET 6.4 CITY-S 6.1 TITLE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS T-ZIP	ADDITIONS  Opes, Jos  OEdgewat  Corel Gab	se Barbos er Dr. # Les. Fl 3	B 9A 3133	Change  Change  Change	Addi
. I do nevery 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	GNATURE  ILE  ME REET ADDRESS  Y - ST - ZIP  LE  ME REET ADDRESS  Y - ST - ZIP  V ST - ZIP  V ST - ZIP  V ST - ZIP  V ST - ZIP  LE  WE REET ADDRESS  V - ST - ZIP  LE  WE REET ADDRESS  V - ST - ZIP  LE  V ST - ZIP  LE  V ST - ZIP  LE  V - ST - ZIP	Signature typed or printed name of re OFFIC D Lopes, Jose 340 Isla Dor	ogistored agent an DERS AND D Barbos ada Bl	Ba Lvd 33143	DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.2 NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ADDITIONS  Opes, Jos  OEdgewat  Corel Gab  -OS	se Barbos ser Dr. # les. Fl 3	B 9A 3133	Change  Change  Change	Addit   Addit   Addit   Addit   Addit   Addit   CS   5/7/9
7-31-20°	GNATURE  2.  If  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  WE  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS	Signature typed or printed name of re OFFIC D Lopes, Jose 340 Isla Dor	ogistored agent an DERS AND D Barbos ada BI	Ba Lvd 33143	DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 5.4 CITY-S 6.1 TITLE 5.5 TREET 5.6 TITLE 6.1 TITLE 6.1 TITLE 6.1 TITLE 6.2 NAME 6.3 STREET 6.3 STREET 6.4 CITY-S 6.1 TITLE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS T-ZIP	ADDITIONS  Opes, Jos  OEdgewat  Corel Gab	se Barbos er Dr. # Les. Fl 3	B 9A 3133	Change  Change  Change	Addit