





7. Please state the extent of any business, financial, familial, professional or other relationship which exists with any individual identified in number five above.

NO RELATIONSHIP \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OATH

STATE OF FLORIDA            )  
COUNTY OF MIAMI-DADE    )

I, the undersigned registrant, do hereby depose under oath and say that the information disclosed and any attachments are true and correct.

\_\_\_\_\_  
Signature

Sworn to and subscribed before me this 26<sup>th</sup> day of October, 2016.



DENISE KRAUSE-MASCOM  
MY COMMISSION # FF 088150  
EXPIRES: JUN 22, 2017  
Bonded Thru Budget Notary Services

My Commission Expires: July 22, 2017