

## Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Rick Scott Governor

Herschel T. Vinyard Jr. Secretary

06/03/2013

Maria Leon Environmental Management Conservation Oil Corp 8470 NW 68th St Miami, FL 33166-2661

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **8470 NW 68th St, Miami, FL 33166-2661** has been registered through **March 1, 2014** with the following status:

Facility ID # FLR00000166

Transporter of Universal Waste Lamps

The registration form for the year **2014** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify by sending an updated form 8700-12FL(Florida Notification of Regulated Waste Activity) to the address on the form which can be found at <a href="http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm">http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm</a>. I can also be contacted at (850) 245-8759 or at <a href="mailto:Laurie.Tenace@dep.state.fl.us">Laurie.Tenace@dep.state.fl.us</a>.

Sincerely

Laurie Tenace

Environmental Specialist Waste Reduction Section

**Enclosures** 



# 8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8772 Date Received
(for FDEP Official Use Only)

EPA ID FLR	000000	0 66			RCRAInfo
	correct box: 2013	waste, universal wa To provide <u>subsequ</u> information).	otification (to obtain ste, or used oil activitient notification (to unfication)	ies). update status and	d facility identification
2. Facility or DDA			ilcation (See A.S.	FEID	
Business Name	ental Mar	nagement Cons	rervation Oi	1 Corp. 5	92750234
3. Facility Operator (List additional Operators in the comments section).	Name of Operator	E, Perez L		New Opera Date became (	operator: 08/15/90 mm dd yy
,	P.O. BOX	520882		305	5-477-7497
	City or Town:		82	State:	Zip Code: 33160
1 77 77 77 77	Operator Type:		Municipal S	StateOther	r
4. Facility Physical Location Information	Physical Street Ad 8470 M Çity or Town:	W 68 St.		State:	Zip Code:
IIIIVI man va V	Miami			EL	33166
	County: Miam	ii-Dade	If available, plea	ase attach a ma	p or sketch of the facility
	Latitude: 25   d d	41 - 1	tude: <u>[8   0</u>   3   3   d d _ m m	s s . ssss	Method: Datum:
5. Facility North Am Classification Syst Code(s)	•	562910		В. D.	
1 Coucis)		lo.		Į	
6. Facility or	Street Address or	P.O. Box:			
6. Facility or Business Mailing Address	City or Town:	P.O. Box: 20 882		State	Zip Code: 3315 2
6. Facility or Business Mailing Address 7. Facility or Business Contact	City or Town:  First Name:  Or IA	P.O. Box: 20 882 -, Leon	Last Name: LC	27	Title: (
6. Facility or Business Mailing Address 7. Facility or Business Contact	City or Town:    City or Town:	=. Leon 17-7497	Last Nama:	<u> </u>	Title President
6. Facility or Business Mailing Address 7. Facility or Business Contact	City or Town:  WICH MINITED STREET OF P.O. Box  Street or P.O. Box	=. Leon 17-7497	Last Name: LC	E-Mail:	Titl President  - leonabellouth
6. Facility or Business Mailing Address 7. Facility or Business Contact	City or Town:    City or Town:	20882 E. Leon 17-7497	Last Name: LC	E-Mail:	Title President
6. Facility or Business Mailing Address 7. Facility or Business Contact Person  8. Real Property (Land) Owner of the Facility's	City or Town:  Phone Number:  305-4  Street or P.O. Box  4470  City or Town:  Name of Real Prop	20882 E. Leon 17-7497 W 68 St perty (Land) Owner: E. Perez L	Last Name: LC	E-Mail:	Title President  - leonabellouth  ret  Zip Code: 33166
6. Facility or Business Mailing Address 7. Facility or Business Contact Person  8. Real Property (Land) Owner of the Facility's	City or Town:  Phone Number:  Street or P.O. Box  City or Town:  Name of Real Prop	20882 E. Leon 17-7497 W 68 St perty (Land) Owner: E. Perez L	Last Name: LC T	E-Mail:  CMC-  State:  New Owner  Date became	Title President  - leonabellouth  ret  Zip Code: 33/66  er Owner:/_/_
6. Facility or Business Mailing Address 7. Facility or Business Contact Person  8. Real Property (Land) Owner of the Facility's	City or Town:  Phone Number:  305-4  Street or P.O. Box  4470  City or Town:  Name of Real Prop	20882 E. Leon 17-7497 W 68 St perty (Land) Owner: E. Perez L	Last Name: LC T	E-Mail:  CMC-  State:  New Owner  Date became	Title President  - leonabellouth  ret  Zip Code:  33/do  er  Owner:  mm dd yy  e Number:

	EPA ID No. FLR WWW 166				
. Type of Regulated Waste Activity (Mark 'X' in all that apply):					
Hazardous Waste Activities: For Items 2 through 7, mark 'X' in all that apply.					
(1) Generator of Hazardous Waste  (Choose only one of the following three categories.)  a. Large Quantity Generator (LQG): Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of non-acute hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste	(2) Treater, Storer, or Disposer of Hazardous Waste  (at your facility) Note: A hazardous waste permit may be required for this activity.  a. Operating Commercial TSD b. Operating Non-commercial TSD c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)				
b. Small Quantity Generator (SQG): Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of <i>non-acute</i> hazardous waste and/or 1 kg (2.2 lbs) or less of <i>acute</i> hazardous waste	(3) Recycler of Hazardous Waste (at your facility)  Specify: Commercial: Non-Commercial.  A permit is required for storage prior to recycling.  (4) Exempt Boiler and/or Industrial Furnace  a. Small Quantity On-site Burner Exemption  b. Smelting, Melting, and Refining Furnace Exemption				
c. Conditionally Exempt SQG (CESQG): Generates in any calendar month 100 kg/mo or less (220 lbs.) of <i>non-acute</i> hazardous waste and 1 kg (2.2 lbs) or less of <i>acute</i> hazardous waste	(5) Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.				
In addition, indicate other generator activities that apply.  d. United States Importer of hazardous waste  e. Mixed Waste (hazardous and radioactive)  Generator	(6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.				
(7) Transporter of Hazardous Waste [Note: A Certificate Registration must be renewed annually.   a. For own					
c. Hazardous Waste Transporter Insurance Information Insurance Company ACE AMERICAN INSURANCE COMPANY Address 4319 Walnut Street Miladelphia PA 19106 Contact James Jenner Telephone 954-334-2395 Policy Number COCC 151217411 Expiration date 8-17-2013					
d. Transportation Mode ☐ Air ☐ Rail ☑ Highway e. ☐ Hazardous Waste Transfer Facility:	Storage Volume				
☐ Initial notification  The following items are required to be submitted we Florida Administrative Code (F.A.C.)]:	with the initial notification for a transfer facility [Rule 62-730.171(3), the transporter that the proposed location satisfies the (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.] ty [Rule 62-730.171(3)(a)3., F.A.C.] operations [Rule 62-730.171(3)(a)4., F.A.C.] 71(3)(a)5., F.A.C.] tule 62-730.171(3)(a)6., F.A.C.]				
☐ Annual update notification					

Amended	EPA ID No. FCRIVO OCO 164			
B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):				
Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated				
Small Quantity Handler (SQH) = always less than 5,000 kg accumulated				
Mercury-containing devices LQH = 100 kg (220 lb) or more ac				
Mercury-containing devices SQH = less than 100 kg accumulate				
Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lam	;			
Mercury-containing lamps SQH = less than 2,000 kg (8,000 lam	ps) accumulated by for-hire handler			
[Note: $4 \text{ lamps} = 1 \text{ kg}, 62-737.200(10)$ ]				
Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated				
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazar				
Pharmaceuticals SQH = always less than 5,000 kg of UPW and	always 1 kg or less of acutely hazardous UPW accumulated			
(1) For those Managing  Generate/ Accumulate  Generate/ Accumulate  Transport (see note in instructions)  Facility	(2) Enter your esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.			
a. Batteries	350/bs			
b. Pesticides	900/65			
c. Pharmaceuticals				
d. Mercury Containing Devices				
e. Mercury Containing Lamps	160/65			
(3) Mercury Recovery and/or Reclamation Facility [Chapter 62-737, F.A.C.]	Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]			
(4) Reverse Distributor of UW Pharmaceuticals	☐ Lamps ☐ Devices ☐			
(5) Destination Facility for UW Note: for this activity storage prior to reco	ty, a facility must treat, dispose or recycle a UW. A permit is required for yeling.			
C. Used Oil Activities:	8) Specific Certification to be signed by all Used Oil Transporters			
(1) Used Oil Transporter - indicate type(s) of activity(ies):	I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place,			
a. Transporter	current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of			
b. Transfer Facility  (2) Collection Center				
(2) Used Oil Processor (A permit is required for this activity.)				
(4) Off-Specification Used Oil Burner	Liability Insurance, DEP form 62-710.901(4). F.A.C.			
(5) 🖾 Used Oil Fuel Marketer				
(6) Used Oil Filter	The Later			
<ul><li>a. Transporter</li><li>b. Transfer Facility</li></ul>	Signature of Authorized Person			
c. Processor	Maria E. Leon			
d. End User	Print Name of Authorized Person			
(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off- Specification Burners and Marketers must pay an annual \$100				
registration fee. Used Oil Processors are exempt from this fee. If	(9) The records required under the provisions of Rule 62-710.510,			
applicable, enclose a check or money order, in the amount of \$100,	F.A.C., are kept at (check one):			
payable to Florida Department of Environmental Protection.	☐ our mailing (business) address ☐ The site (facility) address			
A check is enclosed.	Dest. The Site (facility) andress			

				EPA ID No.	FLROCO	DOO 164
D. Other State Regulated Waste Activities:  Petroleum Contact Water (PCW) Handler [Chapter 62-740, F.A.C.]  Note: A water facility permit may be required for this activity.						
your facility. List	them in the order	Regulated Haza they are presented i des routinely or usu	n the regulations (	e.g., D001, D003,	F007, U112).	azardous wastes handled at are needed.
DODI	2001 10008 10018 10035 1F003 1F005 1					
8	9	100	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
11. Other State	us Changes (Ma	rk 'X' in all that a	pply):	- <del>-</del>		
☐ (1) Bus ☐ (2) Wa	siness no longer ge ste generated by butter (explain)	Vaste at This Facil nerates, transports, asiness has been del	treats, stores, or di			
☐ (1) Clo be	sed at this location handling regulated					e new location if you will ontact person, mailing
		iness closed on imber where you ca			ricase provide a co	omact person, maning
Contac	t		Phone			
Addres						
City, S	tate, Zip					
C. Pro	operty Tax Defaul	t	D. Petitio	n for Bankruptcy	Protection	
in accordance wit information subm for submitting fal	h a system designe litted is, to the best se information, inc	d to assure that qua of my knowledge a luding the possibili	lified personnel pr and belief, true, act ty of fine and imp	operly gather and curate, and comple risonment for know	evaluate the informate. I am aware that wing violations. If	r my direction or supervision nation submitted. The there are significant penalties I have notified as a transfer ule 62-730.182, FAC.
Print Name and Title		Date Signed (mm-dd-yyyy)				
-Ul	-110 = Mara E. Leon 07-19-21		02-19-2013			
		V				
If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:						
(Name of person	ame of person completing this form) (Phone Number) (E-mail Address)			s)		
13. Comments	:			<del></del>		
{						





### Department of Environmental Protection

FDEP, MS 4560, 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #<u>62-710.901(3)</u>
Form Title <u>Annual Report by Used Oil</u>
<u>and Used Oil Filter Handlers</u>
Effective Date <u>June 9, 2005</u>

Annual Report by Used Oil and Used Oil Filter Handlers\*

(\*Handlers are any persons subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. [See Section A, Box 5 below])
for reporting period January 1, 2012 through December 31, 2012

Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent] to complete this document

SE	CTION A TO BE COMPLETED BY ALL REGISTERED PERSONS		
	Company Name: Environmental Management Cons. Teleph Site Address: 8470 NW 68 St.  Miami, F/ 33/66  3. EPA  Check box if any of the above items (1-3) have changed since your last registration	AID NOFLE	
4.	Name of person preparing report (please print)  ———————————————————————————————————		·
Us Us		End User	CEE SECTION (C)
ЭE	ECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL	L FILTER MANDLERS	SEE SECTION C)
1.	Amount (in gallons) of Used Oil and Oily Wastes collected  a. In Florida	Mixed O	Total (,775, 507
	c. Beginning Inventory		
	d. Total (sum of totals from Lines a + b + c)		1,775,507
		In State	Out of State
2.	Amount (in gallons) of Used Oil and Oily Wastes Managed		
	N - Not an end use, transferred to another facility for storage or processing	558,537	0
	O - Marketed as an on-specification used oil fuel	245,400	971,570
	F - Marketed as an off-specification used oil fuel	0	0
	I - Marketed for an industrial process	0	0
	B - Burned as an off-specification used oil fuel	0	Ó
	D - Disposed of  Landfilled  Treated at a wastewater treatment unit  Incinerated	Ó- O-	0 0 0
3.	Total amount (in gallons) of used oil managed	803,937	971,570
4	End of year, on hand estimate (Difference between Lines 1D and Line 2)	<u>۾</u>	

DEP Form #62-710.901(3))
Form Title Annual Report by Used Oil and Used Oil Filter Handlers
Effective Date June 9, 2005

SE	CTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)	CHECK COLUMN IF OUT OF STAT	TE 🔻
1.	Number of filters on hand from previous year	0	
2.	Number of used oil filters collected	715 128	
3.	Total number of used oil filters to manage (1 plus 2)	715 128	
4.	Disposition of used oil filters collected:  a. Transferred to another registered facility	682,674	
	<b>b.</b> Burned for energy recovery at a Waste-To-Energy facility	0	
	c. Transferred directly to a metal foundry for recycling	32, 454	
	<b>d.</b> TOTAL	715,128	
5.	End of year, on had estimate (Difference between Lines 3 and Line 4d)	0	
6.	Gallons of used oil collected as a result of filter processing	34,566	
7.	Gallons of used oil transferred to a used oil handler (transporter or processor)	12,100	
8.	Volume of oily waste collected and managed as a result of filter processing		
9.	Description of oily waste management Landrill After Appropriate testing.		

### **DIRECTIONS FOR SECTION C**

Conversion Table

One **55**-gallon drum of <u>crushed</u> used oil filters = approximately <u>400</u> used oil filters

One **55** gallon drum of <u>uncrushed</u> used oil filters = approximately <u>250</u> used oil filters

One **ton** of drained used oil filters = approximately <u>2,350</u> used oil filters

- 1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
- 2. Enter the number of Used Oil Filters collected.
- 3. Enter the sum of Line 1 + Line 2.
- 4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
- 5. Enter the number of filters on hand at your site as of December 31, last year.
- 6. Fill in the number of gallons of used oil collected by your filter operation.
- 7. Enter the number of gallons transferred to a used oil transporter or processor.
- 8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Chapter 62-710.201(1) of the Florida Administrative Code and include bottom sludges, sorbents, wipes etc.
- 9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8755, email: <a href="mailto:aprilia.graves@dep.state.fl.us">aprilia.graves@dep.state.fl.us</a>,

DEP Form # 17-730.900(5)(a)
Form Title: HWF Transporter Certificate of

Liability Insurance Effective Date: 1-29-06 DEP Application #

### STATE OF FLORIDA HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY **INSURANCE**

	(Name of Insurer)	
(the "Insurer") of	436 Walnut Street, Philadelp	ohia, PA 19106
(the mourer), or	(Address of Insurer)	
	it has issued liability insurance coveration for sudden accidental occurre	ering bodily injury and property damage including ences to
Environmenta	Management Conservation	Oil Corp.
	(Name of Insured)	
(the "Incured") of	8470 NW 68th St., Miami,	FL 33166
in connection with t	8470 NW 68th St., Miami,  (Address of Insured) he insured's obligation to demonstrate Rule 62-730.170. The coverage at	ate financial responsibility under Florida
EPA/DEP I.D. No.	<u>Name</u>	Location
FLR000000166		8470 NW 68th St., Miami, FI
A		
	aultiple facilities, identify each facili	
This insurance is <u>pri</u> \$ 1,000,000	mary and the company shall not be	liable for amounts in excess of legal defense costs. The coverage is provided d on 8-16-2012
This insurance is pri \$ 1,000,000 under policy numbe The effective date o	mary and the company shall not be for each accident, exclusive of H08454413001, issued	liable for amounts in excess of legal defense costs. The coverage is provided
This insurance is pri \$\frac{1,000,000}{\text{under policy numbe}}\$  The effective date of the insurance is \$\frac{8-17-2013}{\text{under policy numbe}}\$	mary and the company shall not be for each accident, exclusive of H08454413001, issued f said policy is 8-17-2012 (date)	liable for amounts in excess of legal defense costs. The coverage is provided d on 8-16-2012 (date)
This insurance is pri \$\frac{1,000,000}{under policy numbed The effective date of the second is \frac{8-17-2013}{under policy numbed}	mary and the company shall not be for each accident, exclusive of marked 198454413001 and issued fail shall policy is 8-17-2012	liable for amounts in excess of legal defense costs. The coverage is provided d on 8-16-2012 (date)
This insurance is pri \$\frac{1,000,000}{\text{under policy numbe}}\$  The effective date of the is \frac{8-17-2013}{\text{(d)}}\$  This insurance is \frac{\text{ex}}{\text{s}}	for each accident, exclusive of the H08454413001 issued for said policy is 8-17-2012 (date)  ate)  cess and the company shall not be lifted for each accident in excess of the company shall not be lifted for each acciden	liable for amounts in excess of legal defense costs. The coverage is provided d on 8-16-2012 (date) and the expiration date of said policy liable for amounts in excess of of the underlying limit of
This insurance is pri \$\frac{1,000,000}{under policy numbe}\$  The effective date of is \frac{8-17-2013}{(d)}\$  This insurance is \frac{\ext{ex}}{\sqrt{s}}\$	mary and the company shall not be for each accident, exclusive of H08454413001 , issued f said policy is 8-17-2012 (date)  ate)  cess and the company shall not be lifted for each accident in excess of for each accident, exclusive	liable for amounts in excess of legal defense costs. The coverage is provided d on 8-16-2012 (date) and the expiration date of said policy iable for amounts in excess of of the underlying limit of of legal defense costs. The coverage is provided
This insurance is pri \$\frac{1,000,000}{\text{under policy numbe}}\$  The effective date of is \frac{8-17-2013}{\text{(d)}}\$  This insurance is \frac{\text{ex}}{\text{\$\sum_{\text{s}}}}\$	mary and the company shall not be for each accident, exclusive of H08454413001 , issued f said policy is 8-17-2012 (date)  ate)  cess and the company shall not be lifted for each accident in excess of for each accident, exclusive	liable for amounts in excess of legal defense costs. The coverage is provided d on 8-16-2012 (date) and the expiration date of said policy liable for amounts in excess of of the underlying limit of
This insurance is pri \$ 1,000,000 under policy numbe The effective date o is 8-17-2013 (d This insurance is ex \$	mary and the company shall not be for each accident, exclusive of H08454413001 , issued f said policy is 8-17-2012 (date)  ate)  cess and the company shall not be lifted for each accident in excess of for each accident, exclusive	liable for amounts in excess of legal defense costs. The coverage is provided d on 8-16-2012 (date) and the expiration date of said policy iable for amounts in excess of of the underlying limit of of legal defense costs. The coverage is provided n The effective date of (date)

- 2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
  - (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
  - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.
  - (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
  - (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
  - (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.

John
(Signature of Authorized Representative of Insurer)
John Harrold
(Typed name)
Vice President
(Title)
Authorized Representative of
ACE American Insurance Company
(Name of Insurer)
100 NE Third Ave., #850, Ft. Lauderdale, FL 33301
(Address of Representative)

### Training Manual Statement

Please be advised our Training Manual is still in use and there has been no changes to said Training Manual.

Maria E. Leon, President

Dated: February 26, 2013