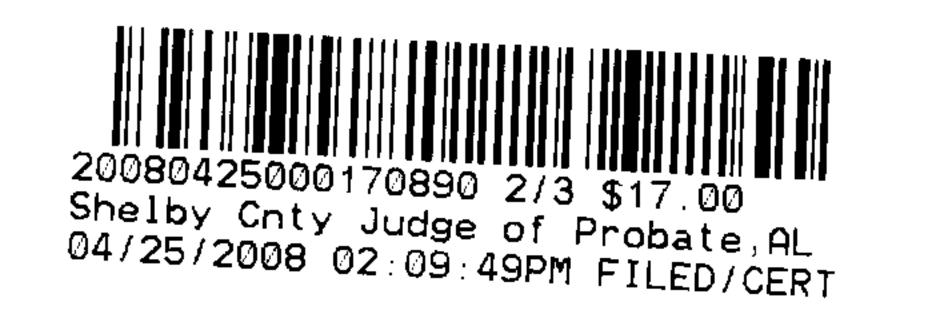
## General Power of Attorney (with Durable Provision)

**NOTICE:** THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

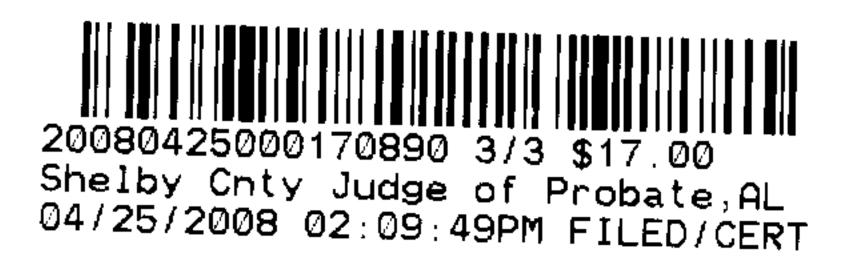
	<del>-</del>	the true curcle Dave 46 32724
,	ned Grantor (I	nereinafter Principal), do hereby make and grant a general power of attorney to
and do there	eupon constitu	te and appoint said individual as my Attorney-in-Fact/Agent.
	is unable to se	rve for any reason, I designate
of		, as my successor Agent.
•	_	shall act in my name, place and stead in any way that I myself could do, if I were personally present, ng matters, to the extent that I am permitted by law to act through an agent:
of the subdiva	isions (A) thro particular sub	ist write his or her initials in the corresponding blank space of each box below with respect to each bugh (N) below for which the Principal wants to give the agent authority. If the blank space within odivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that power withheld.)
[ingr]	( <del>1</del> )	Real estate transactions
	(B)	Tangible personal property transactions
	(C)	Bond, share and commodity transactions
[	(D)	Banking transactions
[augu]	(E)	Business operating transactions
	(F)	Insurance transactions
	(G)	Gifts to charities and individuals other than Attorney-in-Fact/Agent (If trust distributions are involved or tax consequences are anticipated, consult an attorney.)
[ can	(H)	Claims and litigation
	(1)	Personal relationships and affairs
}	(J)	Benefits from military service



	]	(K)	Records, reports and statements		
[	]	(L)	Full and unqualified authority to my Attorney-in-Fact/Agent to delegate any or all of the foregoing powers to any person or persons whom my Attorney-in-Fact/Agent shall select		
[	]	(M)	Access to safe deposit box(es)		
[	}	(N)	All other matters		
Dura	ble Provi	sion:			
	<b>j</b>	<b>(O)</b>	If the blank space in the block to the left is initialed by the Principal, this power of attorney shall not be affected by the subsequent disability or incompetence of the Principal.		
Othe	r Terms:				
· <del></del>	<u></u>				
TO IN EXEC HERE SUCH ANY REAS	IDUCE AND UTED CONTENTS IN CONTENTS IN CHARLES IN CHARL	tent with maken.  Y THIRD PARTY TION OR TECUTORS, LEND PARTY JCH THIRD	hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary best interests as he or she in his or her best discretion deems advisable, and I affirm and ratify all affirm to ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY SIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION ECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF ERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR EGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.		
Signe	ed under s	eal this			
Signe	ed in the p	resence of:			
Witn		Hour	MERIEULLARENA PULL R. COUNT Grantor (Principal)		

Attorney-in-Fact/Agent

Witness



•	- COLLIN TELEDICERY
State of Florida  County of Broward	
on october 10, 2006 before me, Ileanat	i. randa lenz
appeared Pilar Komanes Coroza	, personally known to me (or proved
to me on the basis of satisfactory evidence) to be the person(s) whose name(s) instrument and acknowledged to me that he/she/they executed the same in h	
and that by his/her/their signature(s) on the instrument the person(s), or the	·
person(s) acted, executed the instrument.	
WITNESS my hand and official seal.	
Olean R.	
Signature of Notary	
Affiant Known Produced ID  Type of ID Florica Privers Licence	
(Seal)	