

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB 32	235-			
Number: 0	104			
Estimated average				
burden hours per				
response	0.5			

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Statem (Mont	nent h/Day/Year	-					
ile)			Person(s) to Issu (Check all		Filed(Mo	5. If Amendment, Date Original Filed(Month/Day/Year) 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person	
				Officer (give Other (specify			
p)	Tal	ble I	- Non-Derivativ	ve Securities	Beneficially	Owned	
	Ben	eficia	lly Owned	Ownership Form: Direct (D) or Indirect (I)	wnership	direct Beneficial	
o respond t d to respond	o the colle I unless th	ectior ne for	n of information m displays a cu	contained in rrently valid	this form ar OMB contro	I	
1. Title of Derivative Security 2. Date Exercisa		3. Tit Secur Deriv	ele and Amount of rities Underlying vative Security	4. Conversion or Exercise Price of	5. Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Date Exercisable	•	Title	Amount or Numb	Security	Security: Direct (D) or Indirect (I)		
	e for each class or respond to respond to respond Expiration (Month/Day/Ye) Date Statem (Month of the control	Statement (Month/Day/Year 06/02/2017 p) Tal 2. A Ber (Instance of securities respond to the collection respond unless the securities Beneficially O 2. Date Exercisable and Expiration Date (Month/Day/Year)	Statement (Month/Day/Year) 06/02/2017 Table I 2. Amoun Beneficial (Instr. 4) e for each class of securities bereficial to respond to the collection of to respond unless the for Securities Beneficially Owned 2. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date Expiration Date Expiration Date Expiration Date	Statement (Month/Day/Year) 06/02/2017 Table I - Non-Derivativ 2. Amount of Securities Beneficially Owned (Instr. 4) Person(s) to Is (Check and an interpretation of the collection of information of information of information of	Statement (Month/Day/Year) 06/02/2017 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) ———————————————————————————————————	Statement (Month/Day/Year) 106/02/2017 A. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director Officer (give Other (specify below) X_Form Ferson	

Reporting Owners

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Hoque Nina 7380 SAND LAKE ROAD, SUITE #500 ORLANDO, FL 32819	X				

Signatures

/s/ Nina Hoque	06/14/2017
**Signature of Reporting Person	Date

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.