

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000052004 (7)

1. Corporation Name  
**LIBERTY INDUSTRIES, INC.**



Principal Place of Business: 2720 CORAL WAY 5TH FLOOR MIAMI FL 33145  
Mailing Address: 2720 CORAL WAY 5TH FLOOR MIAMI FL 33145

3. Date Incorporated or Qualified: 07/19/1993  
3a. Date of Last Report: 05/16/1995  
4. FET Number: 65-0477893  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 1080 N.W. 163rd Dr. 22 Suite, Apt. #, etc.  
23 City & State: Miami, FL  
24 Zip: 33169 25 Country: USA  
2a. Mailing Address: 26 1080 N.W. 163rd Dr. 27 Suite, Apt. #, etc.  
28 City & State: Miami, FL  
29 Zip: 33169 30 Country: USA

9. Name and Address of Current Registered Agent  
**STOLAR, DAVID M  
1350 KANE CONCOURSE  
3RD FLOOR  
BAY HARBOR ISLAND FL 33154**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

11. 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 its registered office or registered 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature Required for the name of registered agent and the taxpayer. (Name of Registered Agent Signature Required when used on filing.)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BAKULA, GUILLERMO	
STREET ADDRESS	2720 CORAL WAY 5TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONCEPCION, JORGE	
STREET ADDRESS	2720 CORAL WAY 5TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bakula, Guillermo
1.3 STREET ADDRESS	1080 N.W. 163rd Drive
1.4 CITY-ST-ZIP	Miami, FL 33169
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Concepcion, Jorge
2.3 STREET ADDRESS	1080 N.W. 163rd Drive
2.4 CITY-ST-ZIP	Miami, FL 33169
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96 (305) 620-3600  
Date: \_\_\_\_\_ District Phone # \_\_\_\_\_

CR2E034 (12/95)