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CORPORATION ANNUAL REPORT



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

1996

APPROVED AND FILED

95 MAR -7 AM 1: 16

DOCUMENT # V01531 (5)  LIBERTY PROPERTIES MANAGEMENT, INC.  Principal Place of Business  Mailton Address					SECRETARY OF STATE TATE AMASSE, FLORIDA		
Principal Place of Business  20801 BISCAYNE BLVD. STE 447 MIAMI FL 33180 US		STE 447 MIAMI FL 33180	20801 BISCAYNE BLVD. STE 447		Date Incorporated or Qualified	3a. Date of La	
		US			12/18/1991	02/13/	
2. Principal Pla	ace of Business	2a. Maining Address			4. FLI Number 65-0300590		Applied For
Suite, Apt. #	*, etc.	Suite, Apt. #. etc.				\$8	Not Applicable .75 Additional
22		27			5. Certificate of Status Desired		ee Required
City & State		Oity & State			Election Campaign Financing     Trust Fund Contribution		5.00 May Be
Ζιρ <b>24</b>	Country 25	2ip	Countre 30	у	B. This corporation has liability for in Florida Statutes	ntangible tax unde	dded to Fees er s 199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Ro	egistered Agent	
			8	1 Name			
CATLIN, H. JAMES, JR. 169 EAST FLAGLER STREET SUITE #1700			8	Street Addr	reet Address (P.O. Box Number is Not Acceptable)		
			8	3			
MIAMI F			0.	<u> </u>			
			84 City			FL 85	•
iamii ar Will	n, and accept the obligations or, sec	t-on 607.0505, Florida Statutes		poration s boar	ration submits this statement for the purp rd of directors. I hereby accept the appo	entment as registe	ered agent. I am
SIGNATURE	Standard, typod or pricted hards of registrascia, re OFFICERS AN	ianditumays accompleted		st squatere regime		DATE	
SIGNATURE	Standard typod or pricted harm, of inight lines at per OFFICERS AN	ilandithumagy Sasser (%)	13.	s i signature remme	st when roundataings	DATE	
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certify that the information indicated on this africal 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further oath, that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further oath, that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further oath and I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further oath and I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further oath and I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further oath and oath and I am an officer or director of the corporation of the receiver of the rece

SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR