

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Gloria B. Martinez
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 851207 (1)
1. Corporation Name
ROTHSCHILD LIEBERMAN LTD. INC.



2. Principal Office Address

411 W PUTNAM AVE- STE 107
GREENWICH CT 06830

3. Alternate Office Address

411 W PUTNAM AVE- STE 107
GREENWICH CT 06830

2. Principal Office Address

21. State of Incorporation

22. City and State

23. Country

24. Zip

2a. Mailed Address

26. State of Incorporation

27. City and State

28. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

3. Date Incorporated For Qualified
12/04/1981

3a. Date of Last Report
01/31/1995

4. EFT Number
13-3082260

Applied For
Not Applicable

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. 193.032
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Numbering Not Acceptable)

83. City

84. State

FL

85. Zip Code

11. The undersigned, president of the corporation, and the undersigned, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office from the address set forth in the Articles of Incorporation. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am hereby authorized to execute the necessary documents to effectuate this change.

12. Signature

PD
LIEBERMAN, SAMUEL
147 SKYVIEW DRIVE
STAMFORD CT
S
LIEBERMAN, NAOMI
147 SKYVIEW DRIVE
STAMFORD CT

☐ Deletion

☐ Deletion

☐ Deletion

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13. Signature

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I hereby certify that the information supplied to the Department is true and correct and that I am not guilty of the exemption stated in Section 119.07(3)(a) Florida Statutes. I further certify that the information supplied to the Department is true and correct and that my signature shall have the same legal effect as if made under oath. I understand the consequences of the information provided to the Department and that my signature shall have the same legal effect as if made under oath. I understand the consequences of the information provided to the Department and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL LIEBERMAN-PRESIDENT

1/1/96

203-625-0123

CR2E034 (12/95)