

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K12032

(4)

1. Corporation Name

PREVE LIBERATORE BARTON & CO.

Principal Place of Business

~~200 S. BISCAYNE BLVD., SUITE 4820~~  
200 S BISCAYNE BLVD., SUITE 5100  
MIAMI FL 33131-9311  
US

Mailing Address

200 S. BISCAYNE BLVD., SUITE ~~4820~~ 5100  
SUITE 5100  
MIAMI FL 33131-2340  
US



3. Date Incorporated or Qualified  
01/14/1988

3a. Date of Last Report  
04/09/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 Ste. 5100

23 City & State

24 Zip

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 Ste. 5100

28 City & State

29 Zip

30 Country

4. FEI Number

65-0043888

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. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

ALVAREZ, VICTOR M.  
200 S BISCAYNE BLVD  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signatures typed or printed in case of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                   | STREET ADDRESS                   | CITY - ST - ZIP | DELETE                   |
|-------|------------------------|----------------------------------|-----------------|--------------------------|
| DP    | PREVE, DAVID J.        | 200 S BISCAYNE BLVD., SUITE 5100 | MIAMI FL        | <input type="checkbox"/> |
| DV    | LIBERATORE, BARBARA L. | 200 S BISCAYNE BLVD., SUITE 5100 | MIAMI FL        | <input type="checkbox"/> |
| DT    | BARTON, CHARLES V.     | 200 S BISCAYNE BLVD., SUITE 5100 | MIAMI FL        | <input type="checkbox"/> |
|       |                        |                                  |                 | <input type="checkbox"/> |
|       |                        |                                  |                 | <input type="checkbox"/> |
|       |                        |                                  |                 | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|---------------------|--------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DAVID J. PREVE - President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97 305-375-8000  
Date Daytime Phone #

0172969

CR2E034 (9/96)