FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K37322 (0)

1. Corporation Name
LIBERTY INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH FL 33401	1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/07/1988
3a. Date of Last Report: 03/24/1994

2. Principal Place of Business	2a. Mailing Address
21 805 N.W. 159th Drive	26 805 N.W. 159th Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip / Country 24 33169 / 25	Zip / Country 29 33169 / 30

4. FEI Number: 59-2912677 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WHITE, JOHN II 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH FL 33401	81 Name: Thomas Truex 82 Street Address (P.O. Box Number is Not Acceptable): 6800-B Griffen Rd. 83 84 City: Davie FL 85 Zip Code: 33314

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: [signature], Thomas A. Truex 4/24/95
(Signature(s) or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	11 TITLE	C	☐ Change ☒ Addition
NAME	KASSNER, FRED	12 NAME	Jack McKinstry	
STREET ADDRESS	69 SPRING ST.	13 STREET ADDRESS	1565-C McGaw Ave.	
CITY ST ZIP	RAMSEY NJ	14 CITY ST ZIP	Irvine, CA 92714	
TITLE	EVP	21 TITLE	P/D	☒ Change ☐ Addition
NAME	COTTON, BART	22 NAME	Bart Cotton	
STREET ADDRESS	805 NW 159TH DR.	23 STREET ADDRESS	805 N.W. 159th Drive	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	Miami, Florida 33169	
TITLE		31 TITLE	EVP/D	☐ Change ☒ Addition
NAME		32 NAME	Richard A. DeCrane	
STREET ADDRESS		33 STREET ADDRESS	805 N.W. 159th Drive	
CITY ST ZIP		34 CITY ST ZIP	Miami, Florida 33169	
TITLE		41 TITLE	S/T/D	☐ Change ☒ Addition
NAME		42 NAME	Roberta Cotton	
STREET ADDRESS		43 STREET ADDRESS	805 N.W. 159th Drive	
CITY ST ZIP		44 CITY ST ZIP	Miami, Florida 33169	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: [signature] Richard A. DeCrane 3/3/95 305-620-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0242970 CP