

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **M32266** (2)

1. Corporation Name  
**LIBAR CORPORATION**

**FILED**

95 JAN 25 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
47 N.W. 79TH STREET 47 N.W. 79TH STREET  
MIAMI FL 33150-3053 MIAMI FL 33150-3053

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>05/19/1986</b>		3a. Date of Last Report <b>02/15/1994</b>	
2. Principal Place of Business 21		2a. Mailing Address 26	
4. FEI Number <b>59-2683378</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent:			
PEREZ, BARBARA 5800 NW 3 ST MIAMI FL 33126				B1 Name	<b>SAME</b>		
				B2 Street Address (P.O. Box Number is Not Acceptable)	<b>9390 SW 34TH STREET</b>		
				B3			
				B4 City	<b>MIAMI</b>	B5 FL	<b>FL 33145</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<b>SAME</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, BARBARA	1.2 NAME	<b>SAME</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5800 NW 3 ST	1.3 STREET ADDRESS	<b>9390 SW 34TH STREET</b>
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	<b>MIAMI, FL. 33145</b>
TITLE	TD	2.1 TITLE	<b>SAME</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ERNESTO	2.2 NAME	<b>SAME</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5800 NW 3 ST	2.3 STREET ADDRESS	<b>9390 SW. 34 TH. STREET</b>
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	<b>MIAMI, FL. 33145</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara Perez* **PEREZ, BARBARA** **01.19.95** **1.305.270.0775**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number