
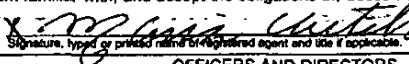


FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90016 021 ***165.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M32266 1. Corporation Name Libar Corporation			
Principal Place of Business		Mailing Address	
47 NW 79 St Miami FLA 33150		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 5-19-86	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2683378	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country		
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name	MARIA C. CASTILLO
		82 Street Address (P.O. Box Number is Not Acceptable)	1180 N.W. 127 Street
		83	
		84 City	Miami FL
		85 Zip Code	33168
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		DATE	
			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Perez	1.2 NAME	Maria C. Castillo
STREET ADDRESS	9370 SW 34 St	1.3 STREET ADDRESS	1180 NW 127 Street
CITY-ST-ZIP	Miami FLA 33165	1.4 CITY-ST-ZIP	Miami, Florida 33168
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	D/S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ernesto Perez	2.2 NAME	Gilberto Barrios
STREET ADDRESS	9370 SW 34 St	2.3 STREET ADDRESS	1465 NW 31 Street
CITY-ST-ZIP	Miami FLA 33165	2.4 CITY-ST-ZIP	Miami, Florida 33142
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 hereby certify that the information supplied 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, with all other like empowered.

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

3-19-99 (305) 751-0508
 Date Daytime Phone #

CR2E034 (11/98)