


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N02000009115</b>                                      |  |
| <b>1. Entity Name</b><br>INSTITUTO Y BIBLIOTECA DE LA LIBERTAD INC. |   |

|  |  |
|--|--|
| <b>Principal Place of Business</b><br>2333 BRICKELL AVE., UNIT H1<br>MIAMI, FL 33129 | <b>Mailing Address</b><br>2333 BRICKELL AVE., UNIT H1<br>MIAMI, FL 33129 |
|--|--|

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02122004 No Chg-NP CR2E037 (10/03)

|  |   |
|--|---|
| <b>4. FEI Number</b><br>14-1858215   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |

**6. Name and Address of Current Registered Agent**

MARTINEZ-CID, RICARDO  
1699 CORAL WAY, STE. 510  
MIAMI, FL 33145

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**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

|   |   |             |
|---|---|-------------|
| <b>SIGNATURE</b><br><small>Signature, typed or printed name of registered agent and title if applicable</small> | <small>(NOTE: Registered Agent signature required when reinstating)</small> | <b>DATE</b> |
|---|---|-------------|

|   |   |   |
|---|---|---|
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2004</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>U000000066731</b><br><b>02/26/04-80028-005 61.25</b> |
|---|---|---|

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <b>D</b><br>GONZALEZ LLORENTE, JOSE M<br>2333 BRICKELL AVE., UNIT H1<br>MIAMI, FL 33129 |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <b>D</b><br>BAZAN, EDUARDO Z<br>2333 BRICKELL AVE., UNIT H1<br>MIAMI, FL 33129          |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <b>D</b><br>MONTANER, CARLOS A<br>2333 BRICKELL AVE., UNIT H1<br>MIAMI, FL 33129        |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |   |

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**12.** 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 report or supplemental 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **CARLOS A. MONTANER** **2/23/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #