FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N39139** **(3)**

1. Corporation Name

LIBERTAD Y VIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9500 NW 77TH AVE #8 HIALEAH GARDENS 33016	9500 NW 77TH AVE #8 HIALEAH GARDENS 33016

3. Date Incorporated or Qualified: 07/18/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0214215 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 245 SE 1st Street	26 245 SE 1St Street
Suite, Apt. #, etc. 22 Suite #430	Suite, Apt. #, etc. 27 Suite #430
City & State 23 Miami, Fl	City & State 28 Miami, Fl
Zip / Country 24 33131 / 25 Dade	Zip / Country 29 33131 / 30 Dade

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. 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
CASTRO, ORLANDO V. 3145 SW 23RD ST MIAMI FL 33145	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, MARIO	1.2 NAME	
STREET ADDRESS	10090 NW 80 CT, APT 1238	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	☐ Change ☐ Addition
NAME	ASTRO, ORLANDO V.	2.2 NAME	
STREET ADDRESS	3145 SW 23RD ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	DE CARDENAS, ORLANDO	3.2 NAME	
STREET ADDRESS	3675 SW 18TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	XX Change ☐ Addition
NAME	ARARAS, MARTINEZ	4.2 NAME	DP
STREET ADDRESS	3631 SW 19TH STREET	4.3 STREET ADDRESS	BUSTILLO, CARLOS A.
CITY-ST-ZIP	MIAMI, FL	4.4 CITY-ST-ZIP	2565 SW 105TH COURT MIAMI, FL 33165
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Mario L. Fernandez 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000760