

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N94000005595 (3)**
1. Corporation Name
LIBERTY HISTORICAL MUSEUM, INC.

95 JUN 30 AM 9:09

Principal Place of Business: **4280 N.W. 147TH TERRACE MIAMI FL**
Mailing Address: **4280 N.W. 147TH TERRACE MIAMI FL**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **11/14/1994**
3a. Date of Last Report: **N/A**
4. FEI Number: **65 0536605**
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for filing fees under § 100.037, Florida Statutes: Yes No

2. Principal Place of Business: **21 P.O. Box 370672**
2a. Mailing Address: **26 P.O. Box 370672**
City & State: **23 Miami, FL**
24 **33137** 25 **USA** 27 City & State: **27 Miami, FL**
28 **33137** 29 **USA**

9. Name and Address of Current Registered Agent:
**CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131**

10. Name and Address of New Registered Agent:
81 Name: **HUMBERTO SANCHEZ**
82 Street Address (P.O. Box Number is Not Acceptable): **201 S. BISCAYNE BLVD.**
83
84 City: **MIAMI** FL 85 Zip Code: **33131**

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]* DATE: **6/5/95**

12. OFFICERS AND DIRECTORS	
TITLE: D	NAME: SANCHEZ, HUMBERTO STREET ADDRESS: 4280 N.W. 147TH TERRACE CITY, ST, ZIP: MIAMI FL
TITLE: D	NAME: LEYVA, GUSTAVOS STREET ADDRESS: 1331 W. 37TH STREET CITY, ST, ZIP: HALEAH FL 33012
TITLE: D	NAME: CLARK, JUAN STREET ADDRESS: 4280 N.W. 147TH TERRACE CITY, ST, ZIP: MIAMI FL
TITLE: D	NAME: ALEA, JORGE STREET ADDRESS: 4280 NW 147TH TERRACE CITY, ST, ZIP: MIAMI FL
TITLE: D	NAME: PEREZ, PEDRO E STREET ADDRESS: 8431 S.W. 37TH STREET CITY, ST, ZIP: MIAMI FL 33155
TITLE: D	NAME: ABELLA, RUBEN STREET ADDRESS: 42080 N.W. 147TH TERRACE CITY, ST, ZIP: MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(b), 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 I am a registered agent or an attachment with an address.

SIGNATURE: *[Signature]* DATE: **6/5/95** 305-571-1225