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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:09

DOCUMENT # N94000005595 (3)

1. Corporation Name

LIBERTY HISTORICAL MUSEUM, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 370672	26 P.O. Box 370672
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33137 / Country 25 USA	Zip 29 33137 / Country 30 USA

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 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
CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD. 1600 MIAMI CENTER MIAMI FL 33131	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] Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

DATE: 6/5/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☐ Change ☐ Addition
NAME	SANCHEZ, HUMBERTO	1 2 NAME	
STREET ADDRESS	4280 N.W. 147TH TERRACE	1 3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	1 4 CITY ST ZIP	
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	LEYVA, GUSTAVOS	2 2 NAME	
STREET ADDRESS	1331 W. 37TH STREET	2 3 STREET ADDRESS	
CITY ST ZIP	HIALEAH FL 33012	2 4 CITY ST ZIP	
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	CLARK, JUAN	3 2 NAME	
STREET ADDRESS	4280 N.W. 147TH TERRACE	3 3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	3 4 CITY ST ZIP	
TITLE	D	4 1 TITLE	☐ Change ☐ Addition
NAME	ALEA, JORGE	4 2 NAME	
STREET ADDRESS	4280 NW 147TH TERRACE	4 3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	4 4 CITY ST ZIP	
TITLE	D	5 1 TITLE	☐ Change ☐ Addition
NAME	PEREZ, PEDRO E	5 2 NAME	
STREET ADDRESS	8431 S.W. 37TH STREET	5 3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33155	5 4 CITY ST ZIP	
TITLE	D	6 1 TITLE	☐ Change ☐ Addition
NAME	ABELLA, RUBEN	6 2 NAME	
STREET ADDRESS	42080 N.W. 147TH TERRACE	6 3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE: 6/5/95 — DAYTIME PHONE #: 305-571-1225

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