

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005595 (3)

1. Corporation Name

LIBERTY HISTORICAL MUSEUM, INC.



Principal Place of Business

P.O. BOX 370672
MIAMI FL 33137
US

Mailing Address

P O BOX 370672
MIAMI FL 33137
US

3. Date Incorporated or Qualified
11/14/1994

3a. Date of Last Report
06/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

SANCHEZ, HUMBERTO
201 S. BISCAYNE BLVD
1600 MIAMI CENTER
MIAMI FL 33131

81 Name SANCHEZ HUMBERTO

82 Street Address (P.O. Box Number is Not Acceptable)
8910 S.W. 21 St

83

84 City MIAMI

FL 85 Zip Code 33165

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SANCHEZ, HUMBERTO
STREET ADDRESS 4280 N.W. 147TH TERRACE
CITY - ST - ZIP MIAMI FL

TITLE D ☐ DELETE
NAME LEYVA, GUSTAVOS
STREET ADDRESS 1331 W. 37TH STREET
CITY - ST - ZIP HIALEAH FL 33012

TITLE D ☐ DELETE
NAME CLARK, JUAN
STREET ADDRESS 4280 N.W. 147TH TERRACE
CITY - ST - ZIP MIAMI FL

TITLE D ☐ DELETE
NAME ALEA, JORGE
STREET ADDRESS 4280 NW 147TH TERRACE
CITY - ST - ZIP MIAMI FL

TITLE D ☐ DELETE
NAME PEREZ, PEDRO E
STREET ADDRESS 8431 S.W. 37TH STREET
CITY - ST - ZIP MIAMI FL 33155

TITLE D ☐ DELETE
NAME ABELLA, RUBEN
STREET ADDRESS 42080 N.W. 147TH TERRACE
CITY - ST - ZIP MIAMI FL

1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME ABELLA RUBEN
6.3 STREET ADDRESS 4280 NW 147TH TERRACE
6.4 CITY - ST - ZIP MIAMI FLORIDA

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

4/20/96

DATE

305-552-1444

Daytime Phone #

CR2E037 (12/95)