

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001493 (3)**

1. Corporation Name

**SOCIEDAD INTERAMERICANA PARA LA LIBERTAD DE LA E
XPRESION COMERCIAL, INC.**

Principal Place of Business

Mailing Address

**19495 BISCAYNE BLVD., SUITE 606
AVENTURA FL 33180**

**19495 BISCAYNE BLVD., SUITE 606
AVENTURA FL 33180-2321**



3. Date Incorporated or Qualified
03/18/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **c/o GTH**

26 **c/o GTH**

4. FEI Number

65-0650377

Applied For

Not Applicable

22 Suite, Apt. #, etc.

1221 Brickell Avenue

27 Suite, Apt. #, etc.

1221 Brickell Avenue

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23 City & State

Miami, FL

28 City & State

Miami, FL

6. Election Campaign Financing

Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24 Zip

33131

Country

29 Zip

33131

Country

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CARMICHAEL, KEVIN
19495 BISCAYNE BLVD., SUITE 606
AVENTURA FL 33180**

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GONZALEZ-LLORENTE, JOSE M	
STREET ADDRESS	501 MILLER ROAD	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELLOLIO, PATRICIO	
STREET ADDRESS	19495 BISCAYNE BLVD., SUITE 606	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NIETO, ENRIQUE	
STREET ADDRESS	19495 BISCAYNE BLVD., SUITE 606	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TERAN, JOSE ALBERTO	
STREET ADDRESS	19495 BISCAYNE BLVD., SUITE 606	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VEGAS, RAFAEL	
STREET ADDRESS	19495 BISCAYNE BLVD., SUITE 606	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	BELLOLIO, PATRICIO
2.4 CITY-ST-ZIP	c/o GTH, 1221 Brickell Avenue Miami, FL 33131
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	NIETO, ENRIQUE
3.4 CITY-ST-ZIP	c/o GTH, 1221 Brickell Avenue Miami, FL 33131
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	TERAN, JOSE ALBERTO
4.4 CITY-ST-ZIP	c/o GTH, 1221 Brickell Avenue Miami, FL 33131
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	VEGAS, RAFAEL
5.4 CITY-ST-ZIP	c/o GTH, 1221 Brickell Avenue Miami, FL 33131
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE M. GONZALEZ-LLORENTE

Date

Daytime Phone # **0033368**

CR2E037 (9/96)