AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
98 DEC -4 PM 3:52
SECRETARY OF STATE

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REINSTATEMENT 98

DOCUMENT # N96000001493 (3)

1. Corporation Name

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

Principal Place of Business	Mailing Address
C/O GTH 1221 BRICKELL AVE. MIAMI FL 33131 US	C/O GTH 1221 BRICKELL AVE. MIAMI FL 33131 US

3. Date Incorporated or Qualified: 03/18/1996

4. FEI Number: 65-0650377 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o CPW + J	26 c/o CPW & J
Suite, Apt. #, etc. 22 821 Fifth Avenue South #201	Suite, Apt. #, etc. 27 821 Fifth Avenue South #201
City & State 23 Naples, FL	City & State 28 Naples, FL
Zip / Country 24 34102 / 25	Zip / Country 29 34102 / 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARMICHAEL, KEVIN 19495 BISCAYNE BLVD., SUITE 606 AVENTURA FL 33180	81 Name: CARMICHAEL, KEVIN 82 Street Address (P.O. Box Number is Not Acceptable): 821 Fifth Avenue South #201 83 84 City: Naples FL 85 Zip Code: 34102

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 _____ 11/30/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ-LLORENTE, JOSE M 501 MILLER ROAD CORAL GABLES FL 33146	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 00000270[illegible] -12/08/98--01077--012 ****236.25 ****236.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELLOLIO, PATRICIO C/O GTH, 1221 BRICKELL AVE. MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition D Bellolio, Patricio c/o CPW+J 821 Fifth Avenue South #201 NAples, FL 34102
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NIETO, ENRIQUE C/O GTH, 1221 BRICKELL AVE. MIAMI FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition D Nieto, Enrique c/o CPW+J 821 Fifth Avenue South #201 NAples, FL 34102
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TERAN, JOSE ALBERTO C/O GTH, 1221 BRICKELL AVE. MIAMI FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition D Teran, Jose Alberto c/o CPW+J 821 Fifth Avenue South #20 NAples, FL 34102
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VEGAS, RAFAEL C/O GTH, 1221 BRICKELL AVE. MIAMI FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☒ Change ☐ Addition D Vegas, Rafael c/o CPW+J 821 Fifth Avenue South #201 Naples, FL 34102
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/98)

14. I 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: [illegible] JOSE M. GONZALEZ-LLORENTE NOV 10, 1998 (305)6618040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #