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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000005932 (6)

1. Corporation Name
CLUB LIBERTAD DE MIAMI, INC.



Principal Place of Business: 2040 NW 28 ST MIAMI FL 33142
Mailing Address: 2040 NW 28 ST MIAMI FL 33142-5981

3. Date Incorporated or Qualified: 11/20/1996
3a. Date of Last Report

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

4. FEI Number (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. 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

CABRERA, WENCESLAO J
2040 NW 28 ST
MIAMI FL 33142

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: D [DELETE] CABRERA, WENCESLAO
12.2 NAME: CABRERA, WENCESLAO
12.3 STREET ADDRESS: 2040 NW 28 ST
12.4 CITY-ST-ZIP: MIAMI FL 33142
12.5 TITLE: D [DELETE] CABRERA, ALICIA
12.6 NAME: CABRERA, ALICIA
12.7 STREET ADDRESS: 2040 NW 28 ST
12.8 CITY-ST-ZIP: MIAMI FL 33142
12.9 TITLE: D [DELETE] BLASS, CESAR E
12.10 NAME: BLASS, CESAR E
12.11 STREET ADDRESS: 6080 SW 18TH TERRACE
12.12 CITY-ST-ZIP: MIAMI FL 33155
12.13 TITLE: [DELETE]
12.14 NAME:
12.15 STREET ADDRESS:
12.16 CITY-ST-ZIP:
12.17 TITLE: [DELETE]
12.18 NAME:
12.19 STREET ADDRESS:
12.20 CITY-ST-ZIP:

13.1.1 TITLE: [Change/Addition]
13.1.2 NAME:
13.1.3 STREET ADDRESS:
13.1.4 CITY-ST-ZIP:
13.2.1 TITLE: [Change/Addition]
13.2.2 NAME:
13.2.3 STREET ADDRESS:
13.2.4 CITY-ST-ZIP:
13.3.1 TITLE: [Change/Addition]
13.3.2 NAME:
13.3.3 STREET ADDRESS:
13.3.4 CITY-ST-ZIP:
13.4.1 TITLE: [Change/Addition]
13.4.2 NAME:
13.4.3 STREET ADDRESS:
13.4.4 CITY-ST-ZIP:
13.5.1 TITLE: [Change/Addition]
13.5.2 NAME:
13.5.3 STREET ADDRESS:
13.5.4 CITY-ST-ZIP:
13.6.1 TITLE: [Change/Addition]
13.6.2 NAME:
13.6.3 STREET ADDRESS:
13.6.4 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)(l), 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: _____ (REQUIRED) 4/22/97 (205)638-8375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0029077

CR2E037 (9/96)