

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004347

1. Corporation Name

Jubilee/Liberty, Inc.

Principal Place of Business

**2828 Coral Way
Suite 303
Miami, Florida 33145**

Mailing Address

Same

2. Principal Place of Business

2a. Mailing Address

21 742 NW 12th Avenue

26 742 NW 12th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Country

Zip

Country

24 33136

25 USA

29 33136

30 USA

9. Name and Address of Current Registered Agent

**Francis V. Gudorf
2828 Coral Way, Suite 303
Miami, Florida 33145**

81 Name

Francis V. gudorf

82 Street Address (P.O. Box Number is Not Acceptable)

742 NW 12th Avenue

83

84 City

Miami

FL

85 Zip Code

33136

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, if applicable, (NOTE: Registered Agent's signature required when installing)

Francis V. Gudorf **Francis V. Gudorf, Vice Pres.**

2/10/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

D,P

☒ Change ☐ Addition

12 NAME

Raul Masvidal

13 STREET ADDRESS

**1401 Ponce de Leon Blvd., # 300
Coral Gables, Florida 33134**

14 CITY-ST-ZIP

21 TITLE

D,V,S,T

☒ Change ☐ Addition

22 NAME

Francis V. Gudorf

23 STREET ADDRESS

742 NW 12th Avenue

24 CITY-ST-ZIP

Miami, Florida 33136

31 TITLE

D

☒ Change ☐ Addition

32 NAME

Douglas R. Mayer

33 STREET ADDRESS

742 NW 12th Avenue

34 CITY-ST-ZIP

Miami, Florida 33136

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**JB
2-18-99**

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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francis V. Gudorf

2/10/98 305-326-8900

Date

Day/Even Phone #

CR2E037 (11/98)