SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 PM 12:00

DOCUMENT # P92000011381 (0)

1. Corporation Name
MIAMI LIBERTY, INC.

Principal Place of Business	Mailing Address
11105 N.E. 155TH ST. N MIAMI BEACH FL 33162	11105 N.E. 155TH ST. N MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/14/1992	04/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1105 N.E. 155 ST.	26 1105 N.E. 155 ST.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 N.M. Bch. FL	City & State 28 N.M. Bch FL.
Zip 24 33162 Country 25 U.S.A.	Zip 29 33162 Country 30 U.S.A.

4. FEI Number: 65-0379260 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$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
PARMER, RONALD 1105 N.E. 155TH ST. N MIAMI BEACH FL 33162	81 Name: Sonja R. Parmer 82 Street Address (P.O. Box Number is Not Acceptable) 83: 1105 N.E. 155 ST. 84 City: N.M. Bch. FL 85 Zip Code: 33162

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Sonja Parmer — 6-11-95
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, OR DELETIONS		
TITLE	D	11 TITLE	P	☒ Change ☐ Addition
NAME	PARMER, RONALD	12 NAME	Parmer Sonja R.	
STREET ADDRESS	1105 NE 155TH ST	13 STREET ADDRESS	1105 N.E. 155 ST.	
CITY ST ZIP	N MIAMI BEACH FL 33162	14 CITY ST ZIP	N.M. Bch FL. 33162	
TITLE	D	21 TITLE	V.P.	☒ Change ☐ Addition
NAME	PARMER, SONJA	22 NAME	Parmer Ronald	
STREET ADDRESS	105 NE 155TH ST	23 STREET ADDRESS	1105 N.E. 155 ST.	
CITY ST ZIP	N MIAMI BEACH FL 33162	24 CITY ST ZIP	N.M. Bch. FL. 33162	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added in connection with my address.

SIGNATURE: [signature] Sonja Parmer — 6-11-95 (Date) — (305) 945-6316 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR

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