FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000048761 (9)

LIBAGI ENTERPRISES, INC. Mailing Address Principal Place of Business 175 FONTAINEBLEAU BLVD 724 NW 133RD AVE. MIAMI FL 33182 DO NOT WRITE IN THIS SPACE MIAMI FL 33172 3. Date Incorporated or Qualified IJS 07/13/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 11180 FLLGILA 65-0429090 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible 114-DAJ1 Personal Property Tax due June 30. Yes 24 25 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SOLARES, ALFONSO 724 NW 133RD AVE. R2 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33182 В3 84 Zip Code 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. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typical or pointed risons of region red agont and tille diapplicable. (NOTE Registered Agont signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 Addition DELLTE Change TITLE 1.1 TITLE RUSSO, LIVIO NAME 1.2 NAME 13310 NW 8TH ST STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33182** CITY-ST-7/P 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-S1-ZIP 34. CITY - ST - ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY+ST-ZIP 5.4 CITY - ST - ZIP DELFTE Addition TITLE 6.1 TITLE NAME 6.2 NAM STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

CICNATI IDE.

14. Thereby 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 critical report or supplies entail annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation of the bace ver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed your enrattachment with an address.

FILED

May 20 1998 8:00am

Secretary of State