FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 16 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000052004 (7)**

1. Corporation Name
LIBERTY INDUSTRIES, INC.

Principal Place of Business	Mailing Address
2720 CORAL WAY 5TH FLOOR MIAMI FL 33145	2720 CORAL WAY 5TH FLOOR MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: ~~APPLIED FOR~~ 65-0477893 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~DIEZ, SANTIAGO~~
~~9191 CORAL WAY~~
~~3RD FLOOR~~
~~MIAMI FL 33145~~

10. Name and Address of New Registered Agent

81 Name: David M. Stolar
82 Street Address (P.O. Box Number is Not Acceptable): 1350 Kane Concourse
83:
84 City: Bay Harbor Islands FL 85 Zip Code: 33154

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: David M. Stolar DAVID M. STOLAR (ESQUIRE) 5/9/95
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 TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	☒ Change	☐ Addition
NAME	BAKULA, GUILLERMO	12 NAME		
STREET ADDRESS	~~1525 CALAIS DR.~~	13 STREET ADDRESS	2720 Coral Way, 5th FL	
CITY-ST-ZIP	~~MIAMI BEACH FL 33141~~	14 CITY-ST-ZIP	Miami, FL 33145	
TITLE	D	21 TITLE	☒ Change	☐ Addition
NAME	CONCEPCION, JORGE	22 NAME		
STREET ADDRESS	~~81 GRAND CANAL DR. STE. 180~~	23 STREET ADDRESS	2720 Coral Way, 5th FL	
CITY-ST-ZIP	~~MIAMI FL 33144~~	24 CITY-ST-ZIP	Miami, FL 33145	
TITLE	~~D~~	31 TITLE	☒ Change	☐ Addition
NAME	~~RAMOS, JORGE~~	32 NAME		
STREET ADDRESS	~~81 GRAND CANAL DR. STE. 180~~	33 STREET ADDRESS	Remove as officer & director	
CITY-ST-ZIP	~~MIAMI FL 33144~~	34 CITY-ST-ZIP		
TITLE	~~D~~	41 TITLE	☒ Change	☐ Addition
NAME	~~BARTON, MARITZA~~	42 NAME		
STREET ADDRESS	~~140 N.W. 87TH AVE. APT. G212~~	43 STREET ADDRESS	Remove as officer & director	
CITY-ST-ZIP	~~MIAMI FL 33172~~	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		

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)(k), 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 on an attachment with an address.

SIGNATURE: Guillermo Bakula 5-10-95 (305) 442-9200
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR — Date — Daytime Phone #
GUILLERMO BAKULA

0150178 CP