FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **P93000065116 (4)**

1. Corporate Name

LIQUID ASSETS DISTRIBUTING, INC.

Principal Office

2600 DOUGLAS RD.
SUITE 1104
CORAL GABLES FL 33134

Mailing Address

2600 DOUGLAS RD.
SUITE 1104
CORAL GABLES FL 33134

3. Date of Incorporation or Qualification: **09/17/1993**

3a. Date of Last Report: **02/01/1995**

4. FEI Number: **65-0440164** — 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. The corporation is liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [ ] No

2. Principal Place of Business
21
22
23
24 Zip Code 25

2a. Mailing Address
26
27
28
29 Zip Code 30

9. Name and Address of Current Registered Agent

GARRIDO, JORGE L
2600 DOUGLAS RD.
SUITE 1104
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 Section 607.0505, 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 and the street address of its registered office and the name of its registered agent as amended 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

12. Officers and Directors

D
GARRIDO, JORGE L
2600 DOUGLAS RD., SUITE 1104
CORAL GABLES FL 33134
[ ] Delete

D
GARRIDO, LOURDES C
2600 DOUGLAS RD., SUITE 1104
CORAL GABLES FL 33134
[ ] Delete

[ ] Delete

[ ] Delete

[ ] Delete

[ ] Delete

[ ] Delete

13. Additions, Changes to Officers and Directors in 19

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

14. I hereby certify that the information indicated on this report or supplemental 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 Section 12 or 13 of this report or in any attachment as an officer or director.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

CR2E034 (12/95)