

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000042778 (6)

1. Corporation Name
SOUTH AMERICA LIBERTY TRADE, CORP.



Principal Place of Business
727 E. 35 ST.
HIALEAH FL 33013

Mailing Address
727 E. 35 ST.
HIALEAH FL 33013-9141

3. Date Incorporated or Qualified
05/20/1996

3a. Date of Last Report

4. FEI Number
65-0668495

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

VENTA, MARIO
727 E. 35 ST.
HIALEAH FL 33013

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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. I hereby accept the appointment as registered agent. I am familiar with and accept the investigations of Section 607.0505, Florida Statutes.

SIGNATURE: *Mario Venta* DATE: 4/26/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	LISBOA, SERGIO	1.2 NAME	
STREET ADDRESS	727 E. 35 ST.	1.3 STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL 33013	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	
NAME	LIMA, RICARDO	2.2 NAME	
STREET ADDRESS	727 E. 35 ST.	2.3 STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL 33013	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	
NAME	LYRIO, EDUARDO	3.2 NAME	
STREET ADDRESS	727 E. 35 ST.	3.3 STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL 33013	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	
NAME	VENTA, MARIO	4.2 NAME	
STREET ADDRESS	727 E. 35 ST.	4.3 STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL 33013	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mario Venta* DATE: 4/26/97 (305) 696-7444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

0119083

CR2E034 (9/96)