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

## **FILED** Feb 03 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS

	1000	<u></u>				_ /3 ******
DOCU	MENT # P9600	00044675 (	2)			
	TE LIBRE, INC. (GOD SAV		,			
DIOS	IE LIBNE, ING. (GOD SAV	100)			A CHARLES OF ROTH WITH MERCE ROSE MAIL BAFF	
Principal Plac	e of Business	Mailing Address		<del></del> -		OTETE CILLE CLASE SUDDI CIIL SEBE
P.O. BOX 432-413 P.O. BOX 432-413						
MIAMI FL 33143 MIAMI FL 33143					DO NOT WRITE IN TI-	IIC CDACE
					3. Date Incorporated or Qualified	10 01 705
					05/24/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
26					65-0667685	Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
22 27 Cin. 8 State						Fee Required
23 City & Stat	City & State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zin	Country	Zip	Cot	untry	8. This corporation owes or has paid the	
	1401	29	30	<u> </u>	Personal Property Tax due June 30,	Yes 🔲 No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Register	ed Agent
	STRADA, ORESTES			81 Name		•
7791 SW 68 TERR.				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33143				83		
				33		_
				84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida 9	tatutes, the a	bove-named co		
office or i	registered agent, or both, in the Sta	ate of Florida. Such change	was authorize	d by the corpora	rporation submits this statement for the purpos ation's board of directors, I hereby accept the	appointment as registered
SIGNATURE	an ranker was and godept the obt	ingations of, according to 1.000	o, i igrica ota	iutes.	I.	
SIGNATORE	Signature, typed or printed name of registered		(NOTE: Registere	d Agent signature req	ulred when reinstating) DAT	<del></del>
12	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE NAME	ESTRADA, ORESTES	DELETI				Change Addition
STREET ADDRESS	7791 SW 68 TERR.		1.2 N	TREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33143		•	ITY-ST-ZIP		
TITLE	D	DELETI				Change Addition
NAME	SERPA, ROLANDO		2.2 N	AME.		-
STREET ADDRESS	7791 SW 68 TERR.		2.3 S	TREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		2. 4 0	CITY-ST-ZIP		
TITLE		DELETT	3.1 Ti	TLE		Change Addition
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STREET ADDRESS				TREET ADDRESS		
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TITLE	}	DELETI	4.1 TI 4.2 N	ſ		Change Addition
NAME STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP	İ			ITY-ST-ZIP	•	•
TITLE		☐ DELETI			<del></del>	Change Addition
NAME			5.2 N	i i		
STREET ADDRESS			5.3 S	REET ADDRESS	,	
CITY-ST-ZIP				ITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETI	6.1 T	TLE		Change Addition
NAME	ļ		6.2 N	AME		
STREET ADDRESS				TREET ADDRESS		
CITY - ST - ZIP			6,4 C	ITY-ST-ZIP		

14. I hereby certify that the information supplied with this filling 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 truestee 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: