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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000044675

## FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90086 032 \*\*\*158.75

DIOS TE	LIBRE, INC. (GOD SAVES Y	OU)						
Principal Place	of Business	Mailing Address			I TRUILAN UN IOIN SIIII ORIIL ON	IŞI MATIL BƏLLI DIMIL	#181# <b>#</b> 1131 18	1861 5111 (861
P.O. BOX 432-413 P.O. BOX 432-413 MIAMI FL 33143 MIAMI FL 33				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed	12.114 11	7.02	
					05/24/1996			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		App	lied For
<b>├</b> ── ` <b>├</b> ── <b>├</b> ── <b>├</b> ── <b>├</b> ── <b>├</b>		<b>⊢</b> .	R TR.		65-0667685		Not	Applicable
		Suite, Apt. #, etc.				$\forall$	\$8.75 A	dditional
22 27		27			5. Certificate of Status Desired	<u> </u>	Fee Rec	uired
City & State		City & State 28 MIAMI, FL. 3			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to	
Zip Country Zip		Zip			8. This corporation owes the curr	ent year Intang	ible	
24 33143 25 29 33143					Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent		al .:	10. Name and Address of New F	Registered Ag	ent	
F075	ADA ODEOTEO		8	1 Name				
ESTRADA, ORESTES			8	2 Street Add	ress (P.O. Box Number is Not Accepta	able)		
7791 SW 68 TERR. MIAMI FL 33143								
MIAN	MI FL 33143		8	3				•
<u> </u> 			8			FL	85 Zip C	
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
12.		DELETE	13.		ADDITIONS/CHANGES TO OF		Change	Addition
TITLE NAME	D L.J DELETE ESTRADA, ORESTES		1.2 NAME			_	- *	_
	7791 SW 68 TERR.		•	ET ADDRESS				Ì
STREET ADDRESS	MIAMI FL 33143		1.4 CITY-					,
CITY-ST-ZIP TITLE			2.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	_		2.2 NAMI					
_STREET_ADDRESS	_7791 SW 68 TERR.		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33143		: 2.4 CITY	-ST-ZIP				
TITLE			3.1 TITLE			Ī	Change	Addition
NAME			3.2 NAMI	<b>=</b>				\
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY	-ST-ZiP	·			
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME	•		4. 2 NAM	E				
STREET ADDRESS		•	4.3 STRE	ET ADDRESS .				
CITY-ST-ZIP			4.4 CITY	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			. [	_ Change	☐ Addition
NAME"			5.2 NAM					ļ
STREET ADDRESS				ET ADDRESS				}
CITY ST-ZIP			5.4 CITY				7.05	
TITLE "		☐ DELETE	6.1 TITLE			L	_ Change	☐ Addition
NAME			6.2 NAM					
STREET ADDRESS			6.3 STRE	ET ADDRESS				†

14. I 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 changer, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99

(305)279-3205

Daytime Phone