

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000008529
 1. Corporation Name
Liberty Metal, Inc.

Principal Place of Business	Mailing Address
2400 SW 26 Lane Miami, FL 33133	same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	same	26	same	January 28, 1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0724122	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip		28. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29	
				30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81. Name Damaris Centeno			
				82. Street Address (P.O. Box Number is Not Acceptable) 2400 SW 26 Lane			
				83.			
				84. City Miami, FL			
				85. Zip Code 33133			

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 Damaris Centeno **Damaris Centeno Pres.** **2/5/98**
Signature typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		<input type="checkbox"/> DELETE		11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	President			12. NAME			
STREET ADDRESS	Damaris Centeno			13. STREET ADDRESS			
CITY-ST-ZIP	2400 SW 26 Lane Miami, FL 33133			14. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Vice President			22. NAME			
STREET ADDRESS	Otto Garcia			23. STREET ADDRESS			
CITY-ST-ZIP	8440 SW 107th Avenue #310 Miami, FL 33173			24. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				32. NAME			
STREET ADDRESS				33. STREET ADDRESS			
CITY-ST-ZIP				34. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				42. NAME			
STREET ADDRESS				43. STREET ADDRESS			
CITY-ST-ZIP				44. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52. NAME			
STREET ADDRESS				53. STREET ADDRESS			
CITY-ST-ZIP				54. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62. NAME			
STREET ADDRESS				63. STREET ADDRESS			
CITY-ST-ZIP				64. CITY-ST-ZIP			

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 changed, or on an attachment with an address.

SIGNATURE: Damaris Centeno **Damaris Centeno Pres.** **2/5/98**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)

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*****150.00**
(305) 800-0944