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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000057755 (5)

AMERICA LIBERTY EXPORTS CORPORATION

FILED Apr 08 1998 8:00am Secretary of State



Principal Place	ce of Business Mailing Address					f 1884/884 (18 1811) 1884/ 88/45 88/11 88/11 88111 98121 18841 (886) 9140 8111 1884				
701 BRICKELL	BRICKELL AVE., STE. 1800 701 BRICKELL AVE., STE. 1800									
MIAMI FL 3313	31	MIAMI FL 33131				DO NOT W	RITE IN THIS S	DACE		
					A Data Is	corporated or Qualifi		FAUE	 1	
					1	1/ 1997	60		ļ	
9 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Nu	mber		I An	plied For	
7 (000	N. VENETAN WAY	· · //	Esim.	WA	4 65-	mber 0769623	•	— — — — — — — — — — — — — — — — — — —	t Applicable	
Suite, Apt.		Suite, Apt #, etc.		<u> </u>	/ 		-	\$8.75		
22	. , = = =	27			6. Certific	ate of Status Desired		Fee Re		
City & State		City & State			6. Electio	n Campaign Financin	Q	\$5.00	May Be	
23 MiAT	ni, FL	28 Minmi, F	~			und Contribution	Ĭ 🗆	Added		
Zip	Country	Zip	Coun		8. This co	rporation owes or ha	s paid the curr	ent year Int	angible	
24 33139 -	1137 25 DAdE	29 33139-1137 30		AdE	Person	al Property Tax due .	lune 30.]Yes [No	
	g. Name and Address of Current	Registered Agent		,	10, Name	and Address of Nev	Registered A	gent		
NA1	HONAL REGISTERED AGENTS, IN	1 Name								
701 BRICKELL AVE., STE. 1800					Address (P.O. Box	Number is Not Acce	otable)			
	MI FL 33131					EU KEY	Dr #	602		
,,,,,			E	13						
			- -	4 65.				Tes Zin (Code	
			°	4 9/2/	immi		FL		313/	
11. Pursuant 1	to the provisions of Sections 607.0502	and 607.1508, Florida Statules,	the abo	ve-named	corporation subm	ts this statement for I	he purpose of	changing it	s registered	
office or re	egistered agent, or both, in the State o	f Florida, Such change was aut	horized la Statu	by the corp	poration's board of	directors. I hereby a	ccept the appo	ointment as	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: F	logistored /	Agent signature	required when reinstating	i)	DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIO	ONS/CHANGES TO C			S IN 12	
TITLE	D	☐ DELETE	1.1 TITL	E				Change	☐ Addition	
HAME	DE BEAUREPAIRE, THIERRY		1.2 NAM	IE		z 1/				
STREET ADDRESS	701 BRICKELL AVE., STE. 1800)	1.3 STR	EET ADDRESS	1233 /	V. VENETII	$m \omega_l$	4		
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY	-ST-ZIP	mimmi	, FL 3:	3139-11.	3 <i>7</i>		
TETLE		☐ DELETE	2.1 TITL	E				Change	Addition	
NAME			2.2 NAM	IE						
STREET ADDRESS			2.3 STR	EET ADDRESS					}	
CITY-ST-ZIP			2. 4 CIT	Y-ST-ZIP						
TITLE		☐ DELETE	3.1 TITL	E				☐ Change	Addition	
NAME			3.2 NAN	IE	1				İ	
STREET ADDRESS			3.3 STR	EET ADORESS						
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP						
TITLE		☐ DELETE	4.1 TITL	E		<u> </u>		Change	Addition	
NAME			4. 2 NA	NE						
STREET ADDRESS			4.3 STR	EET ADDRESS						
CITY-ST-ZIP			4.4 CITY	-ST-ZIP						
TITLE		DELETE	5.1 TITL	E				Change	Addition	
NAME			5.2 NAA	IE						
STREET ADDRESS			5.3 STR	EET ADDRESS						
CITY-ST-ZIP			5.4 CITY	-ST-ZIP						
TITLE		DELETE	6.1 TITL					Change	Addition	
NAME			6.2 NAN							
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
14. Thereby o	certify that the information supplied will	h this filing does not qualify for			ed in Section 119.0	7(3)(i), Florida Statut	es. I further ce	rtify that the	information	

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 suppliernental 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 exceiver 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 extraction of the exemption stated in the information of the exemption stated in Section 19.07 (3)(i), Florida Statutes. I further certify that the information indicated on this supplier certify that the information indicated on the supplier certify that the information indicated on the supplier certify that the information indicated on the supplier certifies and the information indicated on the supplier certifies the information indicated on the supplier certifies an accurate certifies the supplier certifies and the information indicated on the information indicated on the supplier certifies and the information indicated on the in

SIGNATURE:

Mohm.

4/2/98

(305)375-0508