FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **S21006** **(9)**

1. Corporation Name
LIBROS CORPORATION

Principal Place of Business
9341 COLLINS AVE., #1005
SURFSIDE FL 33154

Mailing Address
9341 COLLINS AVE., #1005
SURFSIDE FL 33154

3. Date Incorporated or Qualified: 12/27/1990
3a. Date of Last Report: 03/04/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt # etc. — 22
Suite Apt # etc. — 27
City & State — 23
City & State — 28
Zip — 24
County — 25
Zip — 29
County — 30

4. FEI Number: 65-0320073 — 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 nabilt, for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
OTERO, JORGE E. ESQ.
SUITE 400
75 VALENCIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.0501 and 607.1505 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 I accept the duties of, Section 607.0505, Florida Statutes.

Signature

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LIBERTI, JUAN CARLOS
ADDRESS	9341 COLLINS AVE #1005
CITY, ST, ZIP	SURFSIDE FL
TITLE	D
NAME	LIBERTI, JUAN P
ADDRESS	9341 COLLINS AVE #1005
CITY, ST, ZIP	SURFSIDE FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Change ☐ Addition
NAME		
ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this report, voluntarily furnished and 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 and force as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is added herein with an address.

SIGNATURE: JUAN CARLOS LIBERTI — 4/15/95 — 305-567 9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0163342 CP