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 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S66743** **(3)**

1. Corporation Name
EDITORIAL LIBERTAD CORP.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2045 SW 6 ST #1 MIAMI FL 33135 US	2045 SW 6 ST #1 MIAMI FL 33135 US

3. Date Incorporated or Qualified: **07/17/1991**
3a. Date of Last Report: **05/01/1994**

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): Country (25): Zip (29): Country (30):

4. FEI Number: **65-0321838** ☐ 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 liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TORRES, LAZARO
3275 E. 4TH AVENUE
APT. 16
HIALEAH FL 33013

10. Name and Address of New Registered Agent

81 Name: TORRES, Lazaro
82 Street Address (P.O. Box Number is Not Acceptable): 2045 S.W. 6th St.
83: #1
84 City: Miami **FL** 85 Zip Code: 33135

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] (Lazaro Torres) DATE: 04-25-1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☑ Change ☐ Addition
NAME	TORRES, LAZARO	12 NAME	TORRES, LAZARO	
STREET ADDRESS	3275 E. 4TH AVE. #16	13 STREET ADDRESS	2045 S.W. 6th St. #1	
CITY-ST-ZIP	HIALEAH FL	14 CITY-ST-ZIP	Miami FL. 33135	
TITLE	V	21 TITLE		☑ Change ☐ Addition
NAME	RODRIQUEZ, ROBERTO A.	22 NAME	Rodriguez, Roberto A.	
STREET ADDRESS	1A CARDER ST	23 STREET ADDRESS	4736 Bradenton Rd.	
CITY-ST-ZIP	BELLE GLADE FL	24 CITY-ST-ZIP	Sarasota FL. 34234	
TITLE	S	31 TITLE		☑ Change ☐ Addition
NAME	CONCEPCION, JOSE	32 NAME	Eddie Lopez Castillo	
STREET ADDRESS	702 W. 35 ST.	33 STREET ADDRESS	1029 S.W. 5th St.	
CITY-ST-ZIP	HIALEAH FL	34 CITY-ST-ZIP	Apt. 1 Miami FL.	
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	JIMENEZ, ABRAHAM	42 NAME	SAME	
STREET ADDRESS	710 E. 10TH ST.	43 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	44 CITY-ST-ZIP		
TITLE	C	51 TITLE		☑ Change ☐ Addition
NAME	GOULBOURNE, JULIA	52 NAME	Goulbourne, Julia	
STREET ADDRESS	3275 E 4TH AVE #18	53 STREET ADDRESS	2045 S.W. 6th St. #1	
CITY-ST-ZIP	HIALEAH FL	54 CITY-ST-ZIP	Miami FL. 33135	
TITLE	M	61 TITLE		☑ Change ☐ Addition
NAME	DIAZ, RENE L.	62 NAME	Marcelo O. Guevara	
STREET ADDRESS	350 S.W. TAMIAMI BLVD	63 STREET ADDRESS	2655 S. Bayshore Dr. #601	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	Miami FL. 33133	

14. I do hereby certify that the information supplied with this filing is 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 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: [signature] (Lazaro Torres) 04-25-1995 644-0467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0148320 CP