

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S66743** (3)

1. Corporation Name

EDITORIAL LIBERTAD CORP.

Principal Place of Business

2045 SW 6 ST
#1
MIAMI FL 33135
US

Mailing Address

2045 SW 6 ST
#1
MIAMI FL 33135
US



2. Principal Place of Business

21 5840 W. 18 Lane

2a. Mailing Address

26 P.O. Box 3803

Suite, Apt. #, etc.

22 #201

Suite, Apt. #, etc.

27

City & State

23 Hialeah FL

City & State

28 Hialeah FL

Zip

24 33012

Country

25 US

Zip

29 33013

Country

30 US

3. Date Incorporated or Qualified

07/17/1991

3a. Date of Last Report

05/01/1995

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
2045 S.W. 6TH STREET
#1
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name

Torres, Lazzaro

82

Street Address (P.O. Box Number is Not Acceptable)

5840 W. 18 Lane

83

#201

84

City

Hialeah

FL

85 Zip Code

33012

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 name change)

DATE

04-14-96

12. OFFICERS AND DIRECTORS

TITLE P
NAME TORRES, LAZARO
STREET ADDRESS 2045 S.W. 6TH STREET, #1
CITY-ST-ZIP MIAMI FL
☐ DELETE

TITLE V
NAME RODRIQUEZ, ROBERTO A.
STREET ADDRESS 4736 BRADENTON RD
CITY-ST-ZIP SARASOTA FL
☐ DELETE

TITLE S
NAME CASTILLO, EDDIE L
STREET ADDRESS 1029 S.W. 5TH STREET, #1
CITY-ST-ZIP MIAMI FL
☐ DELETE

TITLE T
NAME JIMENEZ, ABRAHAM
STREET ADDRESS 710 E. 10TH ST.
CITY-ST-ZIP HIALEAH FL
☐ DELETE

TITLE C
NAME GOULBOURNE, JULIA
STREET ADDRESS 2045 S.W. 6TH STREET, #1
CITY-ST-ZIP MIAMI FL
☐ DELETE

TITLE M
NAME GUEVARA, MARCELO O
STREET ADDRESS 2655 S. BAYSHORE DRIVE, #601
CITY-ST-ZIP MIAMI FL
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME

Torres, Lazzaro

1.3 STREET ADDRESS

5840 W. 18 Lane #201

1.4 CITY-ST-ZIP

Hialeah FL 33012

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☒ Change ☒ Addition

5.2 NAME

T/C

5.3 STREET ADDRESS

Goulbourne, Julia

5.4 CITY-ST-ZIP

5840 W. 18 Lane #201

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Lazzaro Torres)

04-14-96 (305) 604-0667

CR2E034 (12/95)