

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

FILED  
Mar 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S66743** (3)  
1. Corporation Name  
**EDITORIAL LIBERTAD CORP.**

Principal Place of Business <b>5840 W. 18TH LANE 201 HIALEAH FL 33012 US</b>	Mailing Address <b>P.O. BOX 126834 HIALEAH FL 33012 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5840 W. 18th Lane</b> Suite, Apt. #, etc. 22 <b>#201</b> City & State 23 <b>Hialeah FL</b> Zip 24 <b>33012</b>		2a. Mailing Address 26 <b>P.O. Box 126834</b> Suite, Apt. #, etc. 27 City & State 28 <b>Hialeah FL</b> Zip 29 <b>33012</b>		3. Date Incorporated or Qualified <b>07/17/1991</b>	
25 <b>Dade</b>		30 <b>Dade</b>		4. FEI Number <b>65-0321838</b> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				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	

9. Name and Address of Current Registered Agent <b>TORRES, LAZARO 5840 W. 18TH LANE, #201 HIALEAH FL 33012</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>TORRES, LAZARO</b>			1.2 NAME			
STREET ADDRESS	<b>5840 W. 18TH LANE, #201</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>HIALEAH FL</b>			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>RODRIGUEZ, ROBERTO A.</b>			2.2 NAME			
STREET ADDRESS	<b>4736 BRADENTON RD</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SARASOTA FL</b>			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CASTILLO, EDDIE L</b>			3.2 NAME			
STREET ADDRESS	<b>1029 S.W. 5TH STREET, #1</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			3.4 CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MIRANDA, EDUARDO</b>			4.2 NAME			
STREET ADDRESS	<b>4320 N.W. 79 AVE. #2E</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33166</b>			4.4 CITY-ST-ZIP			
TITLE	SM	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GOULBOURNE, JULIA</b>			5.2 NAME			
STREET ADDRESS	<b>5840 W. 18TH LANE, #201</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>HIALEAH FL</b>			5.4 CITY-ST-ZIP			
TITLE	M	<input type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GUEVARA, MARCELO O</b>			6.2 NAME			
STREET ADDRESS	<b>2655 S. BAYSHORE DRIVE, #601</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			6.4 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:  3-3-98

CFR2034 (1097)