

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V69472** (1)
1. Corporation Name

LIBERTY TRADE INTERNATIONAL, INC.



Principal Place of Business

**211 N MAGNOLIA AVENUE
ORLANDO FL 32801**

Mailing Address

**211 N MAGNOLIA AVENUE
ORLANDO FL 32801**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

10/01/1992

3a. Date of Last Report

04/28/1995

4. FEI Number

59-3184749

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

**YERGEY, DAVID A., JR.
211 N MAGNOLIA AVENUE
ORLANDO FL 32801**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 officer or director (Not applicable)

Signature typed or printed name of registered agent (Not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **YERGEY, DAVID A., JR.**
STREET ADDRESS **211 N MAGNOLIA AVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **ST** ☒ DELETE
NAME **YERGEY, DAVID A., JR.**
STREET ADDRESS **211 N MAGNOLIA AVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **SERGUEI GUERASIMENKO**
1.3 STREET ADDRESS **REPUBLIC OF KAZAKHSTAN 480091**
1.4 CITY-ST-ZIP **ALMA-ATA, MIRA 103**

2.1 TITLE **ST** ☒ Change ☐ Addition
2.2 NAME **OLGA KARA**
2.3 STREET ADDRESS **REPULIC OF KAZAKHSTAN, 480091**
2.4 CITY-ST-ZIP **ALMA-ATA, MIRA 103**

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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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, and that I am duly authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

**President,
Director**

SIGNATURE AND TYPED OR PRINTED NAME

**Secretary,
Director**

SIGNATURE AND TYPED OR PRINTED NAME

SIGNATURE AND TYPED OR PRINTED NAME

CR2E034 (12/95)