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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000013657

1. Corporation Name
ABC'S BOOK SUPPLY, INC.

Principal Place of Business 7309 WEST FLAGLER STREET MIAMI FL 33144	Mailing Address 7309 WEST FLAGLER STREET MIAMI FL 33144
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/05/1998	
21		26		4. FEI Number 65-0814296	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LAMAS, REBECA RAQUEL 7309 WEST FLAGLER STREET MIAMI FL 33144		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 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	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAMAS, REBECA RAQUEL	1.2 NAME			
STREET ADDRESS	10425 SOUTHWEST 62ND STREET	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33173	1.4 CITY-ST-ZIP			
TITLE		2.1 TITLE	V.P.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	ROSAS, CARIDAD		
STREET ADDRESS		2.3 STREET ADDRESS	10822 SW 72 ST Unit 92		
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI FL 33173		
TITLE		3.1 TITLE	V.P.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ROSAS, SILVIA S.		
STREET ADDRESS		3.3 STREET ADDRESS	10822 SW 72 ST Unit 92		
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI FL 33173		
TITLE		4.1 TITLE	V.P.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Gilbert, Winifred		
STREET ADDRESS		4.3 STREET ADDRESS	6850 SW 45th #1		
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIA FL 33155		
TITLE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7749 (305) 262-4240
 Date Daytime Phone #

CR2E034 (11/98)