

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Senora B. Metham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **494810** (5)

1. Corporation Name
DISTRIBUIDORA ESCOLAR, INC.



Principal Place of Business: **2250 S.W. 99 AVE. MIAMI FL 33165**
Mailing Address: **2250 S.W. 99 AVE. MIAMI FL 33165**

2. Principal Place of Business (21-24)
3. Date Incorporated or Qualified: **04/12/1976**
3a. Date of Last Report: **06/16/1995**
4. FEI Number: **59-1657839**
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
BLANCO, JOSE
2250 SW 99 AVE
MIAMI FL

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PVD	<input type="checkbox"/> DELETE
NAME	BLANCO, JOSE	
STREET ADDRESS	2250 S.W. 99 AVE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ARIZQUETA, MERCEDES	
STREET ADDRESS	2250 S.W. 99 AVE	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 TITLE	
19 NAME	
20 STREET ADDRESS	
21 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 TITLE	
23 NAME	
24 STREET ADDRESS	
25 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26 TITLE	
27 NAME	
28 STREET ADDRESS	
29 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30 TITLE	
31 NAME	
32 STREET ADDRESS	
33 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34 TITLE	
35 NAME	
36 STREET ADDRESS	
37 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
38 TITLE	
39 NAME	
40 STREET ADDRESS	
41 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 included 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 applicable, or on an attachment with an address.

SIGNATURE: Jose Blanco **JOSE BLANCO** 3-12-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)