

**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 # K13772 (4)**  
1. Corporation Name  
**LEJEUNE BOOKS, INC.**



Principal Place of Business: **928 SW 42ND AVE MIAMI FL 33134**  
Mailing Address: **928 SW 42ND AVE MIAMI FL 33134**

2. Principal Place of Business  
21 [ ]  
Suite, Apt. #, etc. [ ]  
22 City & State [ ]  
23 Zip [ ] Country [ ]  
24 [ ] 25 [ ]  
2a. Mailing Address  
26 [ ]  
Suite, Apt. #, etc. [ ]  
27 City & State [ ]  
28 Zip [ ] Country [ ]  
29 [ ] 30 [ ]

3. Date Incorporated or Qualified: **02/04/1988**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0023660**  
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**

**10. Name and Address of New Registered Agent**

**JOSEPH, EMANUEL M.  
7300 N. KENDALL DR.  
STE 530  
MIAMI FL 33151**

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 607.1508, 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 reinstating.) DATE: [ ]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP BOWERS, MARION W. 10251 DOMINICAN AVE MIAMI FL	1.1 TITLE	[ ] Change [ ] Addition
NAME	BOWERS, MARION W.	1.2 NAME	[ ] Change [ ] Addition
STREET ADDRESS	10251 DOMINICAN AVE	1.3 STREET ADDRESS	[ ] Change [ ] Addition
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE	ST BOWERS, SANDY 10251 DOMINICAN AVENUE MIAMI FL	2.1 TITLE	[ ] Change [ ] Addition
NAME	BOWERS, SANDY	2.2 NAME	[ ] Change [ ] Addition
STREET ADDRESS	10251 DOMINICAN AVENUE	2.3 STREET ADDRESS	[ ] Change [ ] Addition
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	[ ] DELETE	3.2 NAME	[ ] Change [ ] Addition
STREET ADDRESS	[ ] DELETE	3.3 STREET ADDRESS	[ ] Change [ ] Addition
CITY-ST-ZIP	[ ] DELETE	3.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	[ ] DELETE	4.2 NAME	[ ] Change [ ] Addition
STREET ADDRESS	[ ] DELETE	4.3 STREET ADDRESS	[ ] Change [ ] Addition
CITY-ST-ZIP	[ ] DELETE	4.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME	[ ] DELETE	5.2 NAME	[ ] Change [ ] Addition
STREET ADDRESS	[ ] DELETE	5.3 STREET ADDRESS	[ ] Change [ ] Addition
CITY-ST-ZIP	[ ] DELETE	5.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME	[ ] DELETE	6.2 NAME	[ ] Change [ ] Addition
STREET ADDRESS	[ ] DELETE	6.3 STREET ADDRESS	[ ] Change [ ] Addition
CITY-ST-ZIP	[ ] DELETE	6.4 CITY-ST-ZIP	[ ] Change [ ] 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 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: *Sandra Bowers* Sandra Bowers 4-25-96 305-252-0561  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)