

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P93000054712 (3)**

95 JAN 18 AM 8:20

1. Corporation Name
A & A SPANISH BOOK INC.

Principal Place of Business Mailing Address
**1400 S.W. 39TH ST.
MIAMI FL 33175** **1400 S.W. 39TH ST.
MIAMI FL 33175**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/04/1993	3a. Date of Last Report 02/15/1994
21	State, Apt # etc	26	State, Apt # etc	4. FEI Number 65-0427033	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contributions <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	B. This corporation has liability for intangible tax under 5-199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DIEZ, ANTONIO 14030 S.W. 39TH ST. MIAMI FL 33175				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3	City		
				B4	FL	B5	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, respectively, officer or 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

12. OFFICERS AND DIRECTORS			13. ALTERNATE DIRECTORS TO OFFICERS AND DIRECTORS		
TITLE	D		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEZ, ANTONIO		1/2 NAME		
STREET ADDRESS	14030 S.W. 39TH ST.		1/3 STREET ADDRESS		
CITY, ST, ZIP	MIAMI FL 33175		1/4 CITY, ST, ZIP		
TITLE	D		2/1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEZ, AIDA		2/2 NAME		
STREET ADDRESS	14030 S.W. 39TH ST.		2/3 STREET ADDRESS		
CITY, ST, ZIP	MIAMI FL 33175		2/4 CITY, ST, ZIP		
TITLE			3/1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3/2 NAME		
STREET ADDRESS			3/3 STREET ADDRESS		
CITY, ST, ZIP			3/4 CITY, ST, ZIP		
TITLE			4/1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4/2 NAME		
STREET ADDRESS			4/3 STREET ADDRESS		
CITY, ST, ZIP			4/4 CITY, ST, ZIP		
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, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.01(3)(b), 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 changed, or on an attachment with an address.

SIGNATURE: *Antonio Diez* **ANTONIO DIEZ, Pres.** 1/10/95 305-554-9609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR