

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1996**



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

**DOCUMENT # P93000056047 (2)**

1. Corporation Name

**BOOKS OF PAIGES INC.**

Principal Place of Business

Mailing Address

420 NE 125TH ST.  
 N. MIAMI FL 33161

420 NE 125TH ST.  
 N. MIAMI FL 33161



2. Principal Place of Business

**Same**  
 Suite, Apt. #, etc.

2a. Mailing Address

**Same**  
 Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

27. City & State

28. Zip

30. Country

3. Date Incorporated or Qualified

**08/10/1993**

3a. Date of Last Report

**06/19/1995**

4. FEI Number

**65-0431328**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional

Fee Required

6. Election Campaign Financing

**\$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

**ADAMS, MICHELE  
 420 NE 125TH ST.  
 N. MIAMI FL 33161**

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 607.1508, 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 over this line. If applicable.

(NOTE: Registered Agent signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, MICHELE</b>		12. NAME	
STREET ADDRESS	<b>9457 ABBOTT AVE., #6</b>		13. STREET ADDRESS	
CITY-ST-ZIP	<b>SURFSIDE FL 33154</b>		14. CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, RITA</b>		22. NAME	
STREET ADDRESS	<b>9457 ABBOTT AVE., #6</b>		23. STREET ADDRESS	
CITY-ST-ZIP	<b>SURFSIDE FL 33154</b>		24. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			32. NAME	
STREET ADDRESS			33. STREET ADDRESS	
CITY-ST-ZIP			34. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42. NAME	
STREET ADDRESS			43. STREET ADDRESS	
CITY-ST-ZIP			44. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52. NAME	
STREET ADDRESS			53. STREET ADDRESS	
CITY-ST-ZIP			54. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62. NAME	
STREET ADDRESS			63. STREET ADDRESS	
CITY-ST-ZIP			64. 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Michele Adams*

*7/4/96 305-893-2931*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)