

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90007 026 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000050247**
 Corporation Name

LIBRERIA EBENEZER, INC.

584865 - 90007 - 26



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 9 S.W. 67TH AVE. ST MIAMI FL 33144
 Mailing Address: 1009 S.W. 67TH AVE. WEST MIAMI FL 33144

3. Date Incorporated or Qualified: **07/07/1994**

Principal Place of Business: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 25 Country: 29 Zip: 30 Country:

4. FEI Number: **65-0503086** 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 owes the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent
REYNOSA, MILTON R
1009 S.W. 67TH AVE.
WEST 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

I, 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: _____

11. OFFICERS AND DIRECTORS	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE PD REYNOSA, MILTON 10610 SW 199TH ST. MIAMI FL
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE VD REYNOSA, CARMEN 10610 SW 199TH ST. MIAMI FL
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: Carmen Reynosa **REYNOSA** **7/6/99** **266-8045**
 Vice President

CR2E034 (5/99)