

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 # P95000071285 (7)

1. Corporation Name  
BOOKS BUY MAIL, INC.



Principal Place of Business  
8255 SOUTHWEST 152 AVENUE, SUITE 414  
MIAMI FL 33193

Mailing Address  
8255 SOUTHWEST 152 AVENUE, SUITE 414  
MIAMI FL 33193

3. Date Incorporated or Qualified 09/15/1995  
3a. Date of Last Report

2. Principal Place of Business  
21 10925 N.W. 27TH  
Suite, Apt. #, etc.  
22 STREET  
City & State  
23 Miami Florida  
Zip Country  
24 33172 U.S.A.

2a. Mailing Address  
26 10925 N.W. 27TH  
Suite, Apt. #, etc.  
27 STREET  
City & State  
28 Miami Florida  
Zip Country  
29 33172 U.S.A.

4. FEI Number 65-0607109  
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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 *Law Firm of Lawrence J Spiegel ChrtD.* 04/23/96  
Signature, typed or printed name of registered agent, if that applies. (NOTE: Registered Agent's signature is required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	MOHAN, CAROLINE	
STREET ADDRESS	8255 SOUTHWEST 152 AVENUE, SUITE 414	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	REYES, DAVID E	
STREET ADDRESS	8255 SOUTHWEST 152 AVENUE, SUITE 414	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	MOHAN, CAROLINE	
13. STREET ADDRESS	18399 N.W. 68TH AVENUE, APT 13D	
14. CITY-ST-ZIP	Miami FL 33015	
2. TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	REYES, DAVID E.	
23. STREET ADDRESS	18399 N.W. 68TH AVENUE APT 13D	
24. CITY-ST-ZIP	Miami FL 33015	
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed or on an attachment with an address.

SIGNATURE: *Caroline Mohan* *Caroline Mohan* 04/23/96 305-599-0709  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)