

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000071285 (7)

1. Corporation Name  
BOOKS BUY MAIL, INC.

Principal Place of Business

10925 NW 27TH STREET  
MIAMI FL 33172  
US

Mailing Address

10925 NW 27TH STREET  
MIAMI FL 33172-5009  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/15/1995		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0607109		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	Zip	28	Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

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
85	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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Caroline Mohan*

(NOTE: Registered Agent signature required when reinstating)

04/28/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input type="checkbox"/> DELETE		1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOHAN, CAROLINE			1.2 NAME	MOHAN, CAROLINE		
STREET ADDRESS	18322 NW 68TH AVENUE, APT. 13D			1.3 STREET ADDRESS	13600 NW 14TH STREET, APT. 306		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33098		
TITLE	VTD	<input type="checkbox"/> DELETE		2.1 TITLE	UTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REYES, DAVID E			2.2 NAME	REYES, DAVID E		
STREET ADDRESS	18322 NW 68TH AVENUE, APT. 13D			2.3 STREET ADDRESS	13600 NW 14TH STREET, APT. 306		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33098		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 do 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:

*Caroline Mohan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/97 305-599-0709  
Date Daytime Phone #

CR2E034 (9/96)