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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

199	7

DOCUMENT # P96000015675 (7)

MAB BOOKSELLERS, INC.

FILED Apr 30 1997 8:00am Secretary of State



Principal Plac										
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8079 S.W. 86TH TERRACE MIAMI FL 33143			8079 S.W. 86TH TERRACE MIAMI FL 93143-7028							
							3. Date Incorporated or Qualified 02/20/1996	3a, Date of	Last Ro	eport
2. Principal F		lywood Blud.	2a. Mailing Address 26				4. FEI Number 65 -0646357			plied For t Applicable
Suite, Apl			Suite, Apt. #, etc.				5. Certificate of Status Desired			dditional
City & Stat	Nywood	I , FL	City & State				Election Campaign Financing Trust Fund Contribution		5.00 Added t	May Be o Fees
330 34 Top	20	Country 25 DROWARD	Zip 29	Coul	ntry		8. This corporation has liability for i	ntangible tax u		199.032,
11		and Address of Currer		1991			10. Name and Address of New Re-			***************************************
RRC	OWN, MICH				81 N	lame		<u> </u>		
		H TERRACE		\						
	MI FL 3314				82 9	street Addr	ess (P.O. Box Number is Not Acceptab	(e)		
ITHE	MILL 0014			ŀ	83				· · · · · · · · ·	
				<u> </u>	84 (City			Zio (Code
						·		FL "	<u> </u>	···
agent Fa SIGNATURE		ith, and accept the oblig					oration submits this statement for the p ion's board of directors. I hereby accep ad when reinslating)	DATE		4
12.		OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND DIR	ECTOR	S IN 12
PILE	D		DELETE	1.1 THT	LE				Change	Addition
NAME		MICHAEL S		1.2 NA	ME					
	- AATA A 10									
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i, 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; the lam 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 of changed or on an abeciding with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 529-1414

inte Phone # 6407471