
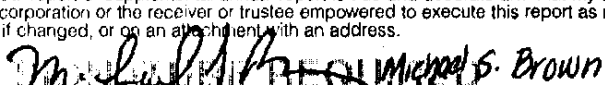


4-30-97 B-5883 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 30 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 # P96000015675 (7) 1. Corporation Name MAB BOOKSELLERS, INC.					
Principal Place of Business 8079 S.W. 86TH TERRACE MIAMI FL 33143			Mailing Address 8079 S.W. 86TH TERRACE MIAMI FL 33143-7028		
2. Principal Place of Business 21 1928 Hollywood Blvd. Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/20/1996	
22 City & State 23 Hollywood, FL		27 City & State		3a. Date of Last Report	
24 Zip 33020		25 Country Broward		4. FEI Number 65-0646357	
26		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
27		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent BROWN, MICHAEL S 8079 S.W. 86TH TERRACE MIAMI FL 33143			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		
			FL		
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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME BROWN, MICHAEL S					
1.3 STREET ADDRESS 8079 S.W. 86TH TERRACE					
1.4 CITY-ST-ZIP MIAMI FL 33143					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME BROWN, JANET K					
2.3 STREET ADDRESS 8079 S.W. 86TH TERRACE					
2.4 CITY-ST-ZIP MIAMI FL 33143					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME BROWN, ALAN F					
3.3 STREET ADDRESS 8079 S.W. 86TH TERRACE					
3.4 CITY-ST-ZIP MIAMI FL 33143					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME BROWN, MEREDITH ANNE					
4.3 STREET ADDRESS 8079 S.W. 86TH TERRACE					
4.4 CITY-ST-ZIP MIAMI FL 33143					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
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					
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4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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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					
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:  Michael S. Brown 4/18/97 (305) 529-1414					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)