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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600051277 (7)

BOOKS & MAS, INC.

| Principal | Place | of | Business |
|-----------|-------|----|----------|
|-----------|-------|----|----------|

Mailing Address

## **FILED** May 19 1997 8:00am Secretary of State



| \$248 S.W. 8TH STREET         5246 S.W. 8TH STREET           CORAL GABLES FL 33134         CORAL GABLES FL 33134-2375 |   |  |  |                                      |  |  |   |  |  |  |
|---|---|--|--|--------------------------------------|--|--|---|--|--|--|
| :   |   |  |  |                                      |  | 3. Date Incorporated or Qualified 06/14/1996   | 3a. Date of L                           |  |  |  |
|   | lace of Business  | 2a. Mailing Add                          |  |                                      |  | 4. FEI Number  |   | Applied For                            |  |  |
| 21 5246   |   |  | AME                                    |                                      |  | 45-0720165   |   | Not Applicable                         |  |  |
| Sulte, Apt. #, etc.  22   |   |  | ·                                      | 5. Certificate of Status Desired     |  | 75 Additional<br>se Required   |   |  |  |  |
| City & Stat<br>23 MI PA   | ni FL   |  |  |                                      |  | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees   |   |  |  |  |
| Zip<br>24 33/3  | 34 Country 25 USA   | 7 μ Country 30                           |  |                                      |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No   |   |  |  |  |
|   | g, Name and Address of Current  | Registered Agent                         |  |                                      | 10. Name and Address of New Registered Agent |  |   |  |  |  |
|   | nandez, Susana G  |  |  | 81                                   | Name   |  |   |  |  |  |
| 5246 S.W. 8TH STREET CORAL GABLES FL 33134  |   |  | 82                                     |                                      |  |  |   |  |  |  |
| -   |   |  |  | 83                                   |  |  |   |  |  |  |
|   |   |  |  | 84                                   | City   |  | FL  85                                  | Zip Code                               |  |  |
| 11. Pursuant office or  | to the provisions of Sections 607.0502 registered agont, or both, in the State of | and 607.1508, Flo<br>f Florida. Such cha | rida Statutes, the<br>ange was authori | above<br>ized by                     | e-named corp<br>the corporat                 | oration submits this statement for the p<br>ion's board of directors. I hereby accep   | urpose of chang<br>t the appointme      | ing its registered<br>nt as registered |  |  |
| SIGNATURE   | Dissoure D. a   | Tunan                                    | ()l12                                  |                                      |  | Ö  | 1/18/97                                 | 7                                      |  |  |
| 12.   | Signature, typed or printed name of digisterest against<br>OFFICERS AND           | ORECTORS                                 |  | ered Age<br><br><b>3.</b>            | all signature regur                          | ed when reinstating) ADDITIONS/CHANGES TO OFFIC  |   |  |  |  |
| TITLE   | PRESIDENT / DIREC   |  |  | 1 1000.                              | · · · · Ţ                                    | Application of the second of t | ☐ Ch                                    |  |  |  |
| NAME  | AMERICA ALVAREZ   |  | 13                                     | 2 NAME                               |  |  |   |  |  |  |
| STREET ADDRESS  | 10340 SW 68 ST  |  | 1.3 STREET ADDRESS                     |                                      | ADDRESS                                      |  |   |  |  |  |
| CITY-ST-ZIP   | MIAMI FL 331  | 73                                       |  | 4 CITY-S                             | 1 - 7IP                                      |  |   |  |  |  |
| TITLE   | VICE- PRESIDENT   | _  | <b>■</b> '                             | 1 TITLE                              |  |  | L Ch                                    | ange 🔲 Addition 📙                      |  |  |
| NAME  | ARMANDO F. GU   | TIERKE 2                                 | -                                      | 2 NAME                               |  |  |   |  |  |  |
| STREET ADDRESS  | 8286 SW 410 ST.   | 76                                       |  | 2.3 STREET ADDRESS<br>2.4 CHY+ST-7IP |  |  |   | 1                                      |  |  |
| CITY-SY-ZIP<br>TITLE  |   |  |  | 4 GHT+3<br>1 HILE                    | 51 - 211'                                    |  | ☐ Ch                                    | ange Addition                          |  |  |
| NAME  | TRENSULER   | -<br>- つ                                 | 3.                                     | 2 NAME                               | ļ  |  |   |  |  |  |
| STREET ADDRESS  | ORESTES ALVARI  | - <del>-</del>                           | 3.                                     | 3 STREET                             | ADDRESS                                      |  |   |  |  |  |
| CITY-ST-ZIP   | MIAMI FL 33173  |  | 3.                                     | 4. CITY - S                          | ST-ZIP                                       |  |   |  |  |  |
| TITLE   | SECRETARY   |  | DLLETE 4.                              | 1 1011                               | 1  |  | ☐ Ch                                    | ange [_] Addition                      |  |  |
| NAME  |   | ANDEZ_                                   |  | 2 NAME                               |  |  |   |  |  |  |
| STREET ADDRESS  | 18525" SW 110 ST.   |  |  |                                      | ADDRESS                                      |  |   |  |  |  |
| CITY-ST-ZIP<br>TITLE  | MIAMI A 33156   | $\neg$                                   |  | 4 CITY - S<br>1 Till E               | 1 · ZU'                                      |  | ☐ Ch                                    | ange Addition                          |  |  |
| NAME  | DIRECTOR  | _  |  | .2 KAME                              |  |  | • |  |  |  |
| STREET ADDRESS  | ADA A. GUTIERRE   | - C                                      | •                                      |                                      | ADDRESS                                      |  |   |  |  |  |
| CITY-ST-7IP   | MIMMI A 33176   |  |  | 4 CHTY - S                           |  |  |   |  |  |  |
| TITLE   | DIRECTOR<br>MAGDALENA ALVA<br>19340 SUL 68 STA<br>MAGNISUL 33173                  |  |  | 1 TITLE                              |  |  | Ch                                      | ange 🔲 Addition                        |  |  |
| NAME  | MAC DALES IN ALLE   | 1057                                     | 6                                      | 2 NAME                               |  | •  |   |  |  |  |
| STREET ADDRESS  | IDALO SIL 68 ST   | ice and                                  | $\epsilon$                             | 3 STREET                             | ADDRESS                                      |  |   |  |  |  |
| CITY-ST-ZIP   | MIAMI 72 33173  | in this Class of a                       | <u> </u>                               | 4 CHY-S                              | 1 - 7IP                                      | Fig. Continue 110 07/9/01 [ Louise Continue  | 1 fth                                   | . 10_1 th_                             |  |  |

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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address.