

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90069 015 \*\*\*150.00

DOCUMENT # P96000051277

1. Corporation Name  
BOOKS & MAS, INC.

Principal Place of Business

5246 S.W. 8TH STREET  
MIAMI FL 33134  
US

Mailing Address

5246 S.W. 8TH STREET  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

4. FEI Number

65-0720165

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 owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

FERNANDEZ, SUSANA G  
5246 S.W. 8TH STREET  
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 607.1508, 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

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | PD                   | <input type="checkbox"/> DELETE |
| NAME           | ALVAREZ, AMERICA     |                                 |
| STREET ADDRESS | 10340 SW 68TH ST     |                                 |
| CITY-ST-ZIP    | MIAMI FL             |                                 |
| TITLE          | VP                   | <input type="checkbox"/> DELETE |
| NAME           | GUTIERREZ, ARMANDO F |                                 |
| STREET ADDRESS | 8781 SW 40TH ST      |                                 |
| CITY-ST-ZIP    | MIAMI FL             |                                 |
| TITLE          | T                    | <input type="checkbox"/> DELETE |
| NAME           | ALVAREZ, ORESTES     |                                 |
| STREET ADDRESS | 10340 SW 68TH ST     |                                 |
| CITY-ST-ZIP    | MIAMI FL             |                                 |
| TITLE          | S                    | <input type="checkbox"/> DELETE |
| NAME           | FERNANDEZ, SUSANA G  |                                 |
| STREET ADDRESS | 8525 SW 110TH ST     |                                 |
| CITY-ST-ZIP    | MIAMI FL             |                                 |
| TITLE          | D                    | <input type="checkbox"/> DELETE |
| NAME           | GUTIERREZ, ADA A     |                                 |
| STREET ADDRESS | 8781 SW 110TH ST     |                                 |
| CITY-ST-ZIP    | MIAMI FL             |                                 |
| TITLE          | D                    | <input type="checkbox"/> DELETE |
| NAME           | ALVAREZ, MAGDALENA   |                                 |
| STREET ADDRESS | 10340 SW 68TH ST     |                                 |
| CITY-ST-ZIP    | MIAMI FL             |                                 |

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 |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 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 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, with all other like empowered.

SIGNATURE: *Susana Fernandez* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99  
Date

305-446-9884  
Daytime Phone #

CR2E034 (11/98)