

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 AUG 23 AM 8:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000043840 1. Entity Name DISTRIBUIDORA INTERAMERICANA DE LIBROS INC.			
Principal Place of Business 1665 WEST 68 ST. #108 HIALEAH, FL 33014		Mailing Address 1665 WEST 68 ST. #108 HIALEAH, FL 33014	
2. Principal Place of Business 7360 W. 20 AVE Suite, Apt. #, etc. 124 City & State Hialeah, FL 33016 Zip Country		3. Mailing Address 7360 W. 20 AVE Suite, Apt. #, etc. 124 City & State Hialeah, FL 33016 Zip Country	
4. FEI Number 65-0835557		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROMERO, RAFAEL A 1665 2 68TH STREET STE 108 HIALEAH, FL 33014		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7360 W. 20 AVE City Hialeah FL 33016	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent. SIGNATURE  DATE 08/20/04 <small>Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 000040738700 01/04--01075--001 **\$61.25	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMERO, RAFAEL A 1665 W 68TH STREET STE 108 HIALEAH, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMERO RAFAEL A. 7360 W. 20 AVE HIALEAH, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, WALQUIRIA 1665 W 68TH STREET STE 108 HIALEAH, FL 33014 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: 		Date 08/20/04 Daytime Phone # (305) 826-7255	