

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S33004 (0)**  
1. Corporation Name  
**FIESTA BOOK COMPANY**



Principal Place of Business

591 SW 8TH ST  
MIAMI FL 33130  
US

Mailing Address

PO BOX 490641  
KEY BISCAYNE FL 33149  
US

2. Principal Place of Business

21 State Apt #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 State Apt #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
**02/15/1991**

3a. Date of Last Report  
**01/25/1995**

4. FEIN Number  
**65-0247470**

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 has liability for intangible tax under s. 199.032, Florida Statutes.  Yes  No

9. Name and Address of Current Registered Agent

**RAMIREZ, MANUEL J.  
1001 SOUTH BAYSHORE DR  
24TH FLOOR  
MIAMI FL 33131**

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 607.0609, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1101	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NAVARRO, RENE</b>	
STREET ADDRESS	<b>784 RIDGEWOOD RD</b>	
CITY-STATE-ZIP	<b>KEY BISCAYNE FL</b>	
1102	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NAVARRO, MARIA VICTORIA</b>	
STREET ADDRESS	<b>784 RIDGEWOOD RD</b>	
CITY-STATE-ZIP	<b>KEY BISCAYNE FL</b>	
1103		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
1104		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
1105		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1201		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1202		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1203		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1204		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1205		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1206		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1207		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1208		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1209		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1210		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(k), 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 its 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, unchanged, or as an attachment with an address.

SIGNATURE: *RENE NAVARRO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/96 (305) 858 4843  
DATE

CR2E034 (12/95)