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

Mailing Address

PO BOX 490641

KEY BISCAYNE FL 33149

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DOCUMENT # S33004

FIESTA BOOK COMPANY

Principal Place of Business

591 SW 8TH ST

MIAMI FL 33130

Jan 23, 1999 8:00am **Katherine Harris Secretary of State** Secretary of State DIVISION OF CORPORATIONS 01-23-1999 90025 005 ***150.00



DO NOT WRITE IN THIS SPACE

FILED

							3. Date Incorporated or Qualified 02/15/1991			
2 Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number	App	lied For	
	lace of dusiness	26	Maining / tod/000				65-0247470		Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			
22		27	City & State				C Florier Committee Financian	\$5.00 N		
City & State	e	28	City & State	·			6. Election Campaign Financing Trust Fund Contribution	Added to		
Zip	Country		Zip	Coun	tгу		8. This corporation owes the current year Intangi		∌	
24 25 29				30			Personal Property Tax. Yes XINo			
	9. Name and Address of Current	Regis	tered Agent		81	N	10. Name and Address of New Registered Age	ent .		
DAM	IIDEZ MANUEL L				81	Name				
RAMIREZ, MANUEL J. 1001 SOUTH BAYSHORE DR				1	82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
24TH FLOOR				1	83					
MIAMI FL 33131				L	_		· · · · · · · · · · · · · · · · · · ·			
	•				84	City	FL ⁸	5 Zip C	oae	
11. Prirevant	to the provisions of Sections 607 0502	and 60	07.1508, Florida Statutes	the ab	ove	-named como	pration submits this statement for the purpose of cha	nging its r	egistered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florid	la. Such change was auth	onzed	bv t	the corporatio	n's board of directors. I hereby accept the appointment	ent as reg	istered	
SIGNATURE	Signature, typed or printed name of registered agent	and title i	f applicable. (NOTE: Re	gistered A	gent	t signature required				
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS AND D			
TITLE	D		☐ DELETE	1.1 TITL	E.] Change	Addition	
NAME*	navarro, rene			1.2 NAM	Æ					
STREET ADDRESS	784 RIDGEWOOD RD			1.3 STR	EET	ADDRESS				
CITY-ST-ZIP	KEY BISCAYNE FL			1.4 C/IT	Y-ST	-ZIP				
TITLE	D		☐ DELETE	2.1 TITL	E] Change	☐ Addition	
NAME	NAVARRO, MARIA VICTORIA			2.2 NAN	Æ			•		
STREET ADDRESS	784 RIDGEWOOD RD			2.3 STR	REET	ADDRESS				
CITY-ST-ZIP	KEY BISCAYNE FL			2.4 CIT	Y- \$1	T-ZIP				
TITLE	ender .		☐ DELETE	3.1 TITL	E] Change	☐ Addition	
NAME	Page 4. A			3.2 NAA	Æ					
STREET ADDRESS				3.3 STR	REET	ADDRESS				
CITY-ST-ZIP	=			3.4. CIT		T-ZIP		7.05	- A.4-191-	
TITLE			☐ DELETE	4.1 TITL	E] Change	Addition	
NAME				4. 2 NA	ME		•			
STREET ADDRESS	,			4.3 STF	REET	ADDRESS				
CITY-ST-ZIP				4.4 CIT		-ZIP		100	TA LEGGE	
TITLE	·		☐ ĐELETE	5.1 TITL			L.] Change	☐ Addition	
NAME				5.2 NAM						
STREET ADDRESS	7,			1		ADDRESS				
CITY-ST-ZIP				5.4 CIT		r-ZIP		7.01	CT A date	
TITLE •	The state of the s		☐ DELETE	6.1 TITE] Change	Addition	
NAME				6.2 NA				•		
STREET ADDRESS	· · ·			6.3 STF	REET	ADDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

حربر لدوي

3.13