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MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

100002627591--6

-08/28/98--01042--013

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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. EDICIONES PALMA REAL, INC. 198-19811  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in
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TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input checked="" type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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DIVISION OF CORPORATION

Examiner's Initials

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK  
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Name & address to whom acknowledgement should be sent:

EDICIONES PALMA REAL INC  
2050 W. 56 ST. STORE#8  
HIALEAH, FL 33016  
(305) 557-4060  
Daytime Telephone number

PART I

1. (a) Applicant's name: EDICIONES PALMA REAL INC.

(b) Applicant's business address: 2050 WEST 56 STREET, STORE#8

HIALEAH, FL 33016  
City/State/Zip

(c) Applicant's telephone number: (305) 557-4060

- Individual
- Corporation
- Joint Venture
- Other:
- General Partnership
- Limited Partnership
- Union

If other than an individual,

(1) Florida registration number: P98000017259 (2) Domicile State: FLORIDA

(3) Federal Employer Identification Number: 65-0821000

2.(a) If the mark to be registered is a service mark, the services in connection with which the mark is used:  
(i.e., furniture moving services, diaper services, house painting services, etc.)

Retail Book Store

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:  
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

(c) The mode or manner in which the mark is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

Labels, Business Cards, Newspaper Advertisements, Invoices, Envelopes,  
Letterheads

(Continued)

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(d) The class(e) in which goods or services fall:

Class # 42 (Retail Bookstore)

**PART II**

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 08/03/98 (b) Date first used in Florida: 08/03/98

**PART III**

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

"LIBRERIA AMBAR" ENGLISH TRANSLATION "AMBAR BOOKSTORE"

LOGO: Capital Letter A overlapping Capital Letter L..

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "LIBRERIA" ENGLISH TRANSLATION "BOOKSTORE" APART FROM THE MARK AS SHOWN.

I, NELSON GRILLE, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct.

EDICIONES PALMA REAL, INC.

Typed or printed name of applicant

*Nelson Grille*

Applicant's signature or authorized person's signature  
(List name and title)

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

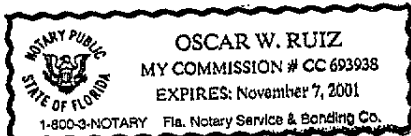
On this 24 day of August, 19 98, NELSON GRILLE personally appeared before me,

- who is personally known to me
- whose identity I proved on the basis of \_\_\_\_\_

Notary Public Signature

OSCAR W. RUIZ

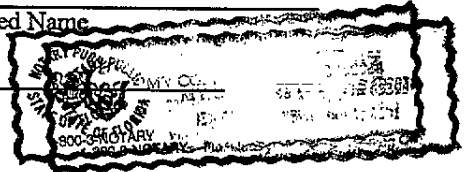
Notary's Printed Name



Seal

My Commission Expires: \_\_\_\_\_

FEE: \$87.50 per class





**LIBRERIA AMBAR**

Spanish Books • Libros en Español

Tel. (305) 279-4667

9375 S.W. 56 St. (Miller Drive) • Miami, FL 33165

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TALLAHASSEE, FLORIDA

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