

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

FILED

**May 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # V17854 (3)
 1. Corporation Name
STUDENT SCHOOL SUPPLY, INC.



Principal Place of Business 3400 N.W. 151ST TERRACE OPA LOCKA FL 33054	Mailing Address 3400 N.W. 151ST TERRACE OPA LOCKA FL 33054-2450
--	---

2. Principal Place of Business 21 5861 MIAMI LAKES DRIVE	2a. Mailing Address 26 5861 MIAMI LAKES DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 MIAMI LAKES, FL	City & State 28 MIAMI LAKES, FL
Zip 24 33014	Zip 29 33014
Country 25	Country 30

3. Date Incorporated or Qualified 02/27/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0313942	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MARTINEZ, LUIS
 % STUDENT SCHOOL SUPPLY, INC.
 3400 N.W. 151ST TERRACE
 OPA LOCKA FL 33054**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL 33014
83 5861 MIAMI LAKES DRIVE	
84 City MIAMI LAKES	

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]* **LUIS O. MARTINEZ** DATE **4/15/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MARTINEZ, LUIS
STREET ADDRESS	% 3400 N.W. 151ST TERR
CITY-ST-ZIP	OPA LOCKA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5861 MIAMI LAKES DR
1.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
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	500002202225
6.3 STREET ADDRESS	-06/05/97--01003--002
6.4 CITY-ST-ZIP	***165.00

14. I do 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 an attachment with an address.

SIGNATURE *[Signature]*

CR2E034 (9/96)