

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 3:56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M48064
1. Corporation Name

LIBRERIA CRISTIANA INTERAMERICANA INC.

Principal Place of Business Mailing Address
**2255 W. Flagler Street 2255 W. Flagler St.
Miami, Fl. 33135 Miami, Fl. 33195**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **3/10/87** 3a. Date of Last Report **4/20/94**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2783038		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TOIRAC, ISABEL 2255 W. Flagler St Miami, Fl. 33135				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: Typed or printed name of registered agent and the # applicable. NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/O	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Isabel Toirac	12 NAME	
STREET ADDRESS	2224 S.W. 12th Street, Miami, Fl	13 STREET ADDRESS	400001522134
CITY- ST- ZIP		14 CITY- ST- ZIP	-06/23/95--01076--002
TITLE	V/O	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Otoniel Toirac	22 NAME	***200.00 ***200.00
STREET ADDRESS	1201 S.W. 22nd Terr, Miami, Fl	23 STREET ADDRESS	
CITY- ST- ZIP		24 CITY- ST- ZIP	
TITLE	S/O	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alfredo R. Toirac	32 NAME	
STREET ADDRESS	2224 S.W. 12th Street, Miami, Fl	33 STREET ADDRESS	
CITY- ST- ZIP		34 CITY- ST- ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

**5/1/95 M8T
REMITTED BY MAY 1**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(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 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.

SIGNATURE: Alfredo R. Toirac S.B. Toirac, Sec. 4/29/95 305-642-1079