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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # M 48064
1. Corporation Name

LIBRERIA CRISTIANA INTERAMERICANA INC.

Principal Place of Business Mailing Address

2255 W. Flagler St.
Miami, Florida 33135

3. Date Incorporated or Qualified 3/10/1987
3a. Date of Last Report

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2783038	Applied For Not Applicable
22. Suito, Apt #, etc.	27. Suito, Apt #, etc.	6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country

8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TOIRAC, ISABEL 2255 W. Flagler Street Miami, Florida 33135		01 Name	
		02 Street Address (P.O. Box Number is Not Acceptable)	
		03	
		04 City	FL 05 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TOIRAC, ISABEL PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2224 S.W. 12th Street	1.2 NAME	
STREET ADDRESS	Miami, Florida	1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOIRAC, OTONIEL	2.2 NAME	
STREET ADDRESS	2224 S.W. 12th Street	2.3 STREET ADDRESS	
CITY- ST- ZIP	Miami, Fl.	2.4 CITY- ST- ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORAC, ALFREDO R.	3.2 NAME	
STREET ADDRESS	2224 S.W. 12th Street	3.3 STREET ADDRESS	
CITY- ST- ZIP	Miami, Florida	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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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. 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* Alfredo R. Toirac, Sec. 4/30/97 305-642-1079