

FILED

May 22 1998 8:00am

Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 1. Corporation Name: M48064  
**LIBRERIA CRISTIANA INTERAMERICANA INC.**

Principal Place of Business: Mailing Address

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified  
**3/1/87**

2. Principal Place of Business: 21. **2171 W. Flagler Street**  
Suite, Apt. #, etc. 22. **Miami, Florida**  
City & State 23. **33135**  
Zip 24. **33135** Country 25. **USA**

4. FEI Number **59-2783038**  
Applied For:  Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**TOIRAC, ISABEL**  
**2255 W. Flagler St.**  
**Miami, Florida 33135**

10. Name and Address of New Registered Agent  
81. Name **Alfredo R. Toirac**  
82. Street Address (P.O. Box Number is Not Acceptable) **2171 W. Flagler St.**  
83.   
84. City **Miami, fl.** 85. Zip Code **FL 33135**

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 provisions of Section 607.0504, Florida Statutes.  
SIGNATURE: *Alfredo Toirac* DATE: **4/28/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	Toirac, Isabel	
STREET ADDRESS	2224 S.W. 12 St, Miami, Fl.	
CITY- ST- ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	Toirac, Otoniel	
STREET ADDRESS	2224 S.W. 12th ST, Miami, Fl	
CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Toirac, Alfredo R.	
STREET ADDRESS	2224 S.W. 12 Street	
CITY- ST- ZIP	Miami, Fl. 33135	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	P/S/T
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or statement of 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 that I am an authorized employee to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of completed or required information with an address.

SIGNATURE: *Alfredo Toirac* Alfredo R. Toirac, Pres. 4/29/98 305-642-1079

CR2E034 (10/97)

500002534715  
-05/26/98--01027--033  
\*\*\*150.00