

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 10:00

DOCUMENT # N03110 (6)
1. Corporation Name
MIAMI BOOK FAIR INTERNATIONAL, INC.

Principal Place of Business Mailing Address
300 NE 2ND AVE., STE. 1502 300 NE 2ND AVE., STE. 1502
MIAMI FL 33132-9204 MIAMI FL 33132-9204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/18/1984	3a. Date of Last Report 02/21/1994
4. FEI Number 59-2415165	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**MIAMI DADE COMMUNITY COLLEGE
300 NE SECOND AVENUE, SUITE 10501 / 501
MIAMI FL 33132**

10. Name and Address of New Registered Agent

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 agent 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 title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KAISER, ROBERTA
STREET ADDRESS	4101 PINE TREE DRIVE, #1008
CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	DC
NAME	KAPLAN, MITCHELL
STREET ADDRESS	298 ARAGON AVENUE
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	D
NAME	SKIGEN, BARBARA
STREET ADDRESS	592 NW 60TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	LOPEZ, FRANK
STREET ADDRESS	701 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI FL 33131
TITLE	D
NAME	BEACH, ELIZABETH
STREET ADDRESS	0400 S.W. 133 DRIVE
CITY-ST-ZIP	MIAMI FL 33158
TITLE	D
NAME	JOHNSON, JUANITA
STREET ADDRESS	300 N.E. 2 AVENUE
CITY-ST-ZIP	MIAMI FL 33132

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: *Juanita Johnson* **Juanita Johnson 1/23/95 305-237-3258**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #