

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N03110** (6)

1. Corporation Name

**MIAMI BOOK FAIR INTERNATIONAL, INC.**



Principal Place of Business

Mailing Address

300 NE 2ND AVE., STE 1502  
MIAMI FL 33132-9204

300 NE 2ND AVE., STE 1502  
MIAMI FL 33132-9204

2. Principal Place of Business

2a. Mailing Address

21 | State, Apt. #, etc.

26 | State, Apt. #, etc.

22 | City & State

27 | City & State

23 | Zip | Country

28 | Zip | Country

24 | 25 | 29 | 30

9. Name and Address of Current Registered Agent

**MIAMI DADE COMMUNITY COLLEGE  
300 NE SECOND AVENUE, SUITE 10501  
MIAMI FL 33132**

3. Date Incorporated or Qualified  
**05/16/1984**

3a. Date of Last Report  
**01/30/1995**

4. FLE Number  
**59-2415165**

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

(Print Name of Current Registered Agent or Director)

(Print Name of New Registered Agent or Director)

DATE

12. OFFICERS AND DIRECTORS

12.1	D KAISER, ROBERTA 4101 PINE TREE DRIVE, #1006 MIAMI BEACH FL 33140	<input type="checkbox"/> DELETE
12.2	DC KAPLAN, MITCHELL 296 ARAGON AVENUE CORAL GABLES FL 33134	<input type="checkbox"/> DELETE
12.3	D SKIGEN, BARBARA 592 NW 60TH STREET MIAMI FL	<input type="checkbox"/> DELETE
12.4	TD LOPEZ, FRANK 701 BRICKELL AVENUE MIAMI FL 33131	<input type="checkbox"/> DELETE
12.5	D BEACH, ELIZABETH 6400 S.W. 133 DRIVE MIAMI FL 33156	<input type="checkbox"/> DELETE
12.6	D JOHNSON, JUANITA 300 N.E. 2 AVENUE MIAMI FL 33132	<input type="checkbox"/> DELETE

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

13.1	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	12 NAME	
13.3	13 STREET ADDRESS	
13.4	14 CITY, ST, ZIP	
13.5	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	22 NAME	
13.7	23 STREET ADDRESS	
13.8	24 CITY, ST, ZIP	
13.9	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	32 NAME	
13.11	33 STREET ADDRESS	
13.12	34 CITY, ST, ZIP	
13.13	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	42 NAME	
13.15	43 STREET ADDRESS	
13.16	44 CITY, ST, ZIP	
13.17	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18	52 NAME	
13.19	53 STREET ADDRESS	
13.20	54 CITY, ST, ZIP	
13.21	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.22	62 NAME	
13.23	63 STREET ADDRESS	
13.24	64 CITY, ST, ZIP	

**DS**  
**Johnson, Juanita**  
**300 NE 2 AVENUE**  
**MIAMI, FL 33132**

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 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplement 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Juanita B Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 (305) 237-3258  
DATE DATE OF FILING

CR2E037 (12/95)