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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33132-3204

300 NE 2ND AVE., STE. 1502
MIAMI FL 33132-2204

3. Date Incorporated or Qualified
05/16/1984

3a. Date of Last Report
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIAMI DADE COMMUNITY COLLEGE
300 NE SECOND AVENUE, SUITE 1502
MIAMI FL 33132

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

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [] DELETE
NAME KAISER, ROBERTA
STREET ADDRESS 4101 PINE TREE DRIVE, #1006
CITY-ST-ZIP MIAMI BEACH FL 33140

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DC [] DELETE
NAME KAPLAN, MITCHELL
STREET ADDRESS 296 ARAGON AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME SKIGEN, BARBARA
STREET ADDRESS 592 NW 60TH STREET
CITY-ST-ZIP MIAMI FL

3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD [] DELETE
NAME LOPEZ, FRANK
STREET ADDRESS 701 BRICKELL AVENUE
CITY-ST-ZIP MIAMI FL 33131

4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME BEACH, ELIZABETH
STREET ADDRESS 6400 S.W. 133 DRIVE
CITY-ST-ZIP MIAMI FL 33156

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DS [] DELETE
NAME JOHNSON, JUANITA
STREET ADDRESS 300 N.E. 2ND AVE.
CITY-ST-ZIP MIAMI FL

6.1 TITLE [] Change [] 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 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; that 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: X Juanita B. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/97 (305) 237-3258
Date Daytime Phone #

CR2E037 (9/96)