

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

**FILED**

**Feb 06 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N03110 (6)**

1. Corporation Name  
**MIAMI BOOK FAIR INTERNATIONAL, INC.**



Principal Place of Business <b>300 NE 2ND AVE., STE. 1502 MIAMI FL 33132-9204</b>	Mailing Address <b>300 NE 2ND AVE., STE. 1502 MIAMI FL 33132-9204</b>
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3. Date Incorporated or Qualified <b>05/16/1984</b>	Applied For <input type="checkbox"/>
4. FEI Number <b>59-2415165</b>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 <b>300 NE 2ND AVE</b>	2a. Mailing Address 26 <b>same</b>
Suite, Apt. #, etc. 22 <b>SUITE 1501</b>	Suite, Apt. #, etc. 27
City & State 23 <b>MIAMI, FL</b>	City & State 28
Zip 24 <b>33132-2297</b>	Country 25 <b>USA.</b>
	Zip 29
	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MIAMI DADE COMMUNITY COLLEGE  
300 NE SECOND AVENUE, SUITE 10501-1501  
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	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KAISER, ROBERTA</b>	
STREET ADDRESS	<b>4101 PINE TREE DRIVE, #1006</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>KAPLAN, MITCHELL</b>	
STREET ADDRESS	<b>296 ARAGON AVENUE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SKIGEN, BARBARA</b>	
STREET ADDRESS	<b>592 NW 60TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>LOPEZ, FRANK</b>	
STREET ADDRESS	<b>701 BRICKELL AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BEACH, ELIZABETH</b>	
STREET ADDRESS	<b>6400 S.W. 133 DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, JUANITA</b>	
STREET ADDRESS	<b>300 N.E. 2ND AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

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 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

CR2E037 (10/97)