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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N03110

1. Corporation Name

MIAMI BOOK FAIR INTERNATIONAL, INC.

Principal Place of Business

300 NE 2ND AVE
 STE. #1501
 MIAMI FL 33132-2297
 US

Mailing Address

300 NE 2ND AVE
 STE. #1501
 MIAMI FL 33132-2297
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/16/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 59-2415165

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 10501
 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. 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 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, with all other like empowered.

SIGNATURE:

Katherine Harris
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99 (305) 237-3258
 Date Daytime Phone #

CR2E037 (1/98)