



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03110 1. Entity Name MIAMI BOOK FAIR INTERNATIONAL, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 JUN 17 PM 3:45							
Principal Place of Business 300 NE 2ND AVE SUITE 3704 MIAMI, FL 33132-2297, US				Mailing Address 300 NE 2ND AVE SUITE 3704 MIAMI, FL 33132-2297 US									
2. Principal Place of Business 300 NE 2nd Avenue		3. Mailing Address 300 NE 2nd Avenue		Suite, Apt. #, etc. Suite 3704		Suite, Apt. #, etc. Suite 3704		4. FEI Number 59-2415165		Applied For <input type="checkbox"/> Not Applicable			
City & State Miami, FL		City & State Miami, FL		Zip 33132-2297		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MIAMI DADE COMMUNITY COLLEGE 300 NE SECOND AVENUE, SUITE 3704 MIAMI, FL 33132						7. Name and Address of New Registered Agent Name Miami Dade College Street Address (P.O. Box Number is Not Acceptable) 300 NE 2nd Avenue City Miami FL Zip Code 33132							
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.												600038575096 07/01/04--01053--006 **70.00	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>													
Filing Fee is \$61.25 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC <input type="checkbox"/> Delete KAPLAN, MITCHELL 296 ARAGON AVENUE CORAL GABLES, FL 33134				TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D <input type="checkbox"/> Delete SKIGEN, BARBARA 592 NW 60TH STREET MIAMI, FL				TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DS <input type="checkbox"/> Delete JOHNSON, JUANITA 20225 HIGHLAND LAKES BLVD MIAMI BEACH, FL 33179				TITLE NAME STREET ADDRESS CITY-ST-ZIP		DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ED <input checked="" type="checkbox"/> Delete VERGARA, MAGDA PH.D. 300 NE 2ND AVE RM 1515 MIAMI, FL 33132296				TITLE NAME STREET ADDRESS CITY-ST-ZIP		DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Alina Interian 300 NE 2nd Avenue, Room 3704 Miami, FL 33132-2296					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.													
SIGNATURE: Alina Interian						Date 6/10/04		Daytime Phone # 305-237-3940					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						<small>Date</small>		<small>Daytime Phone #</small>					