

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90003 006 ****70.00

DOCUMENT # N03110

1. Entity Name
MIAMI BOOK FAIR INTERNATIONAL, INC.



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**

50002395



DO NOT WRITE IN THIS SPACE

01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2415165	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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 IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KAPLAN, MITCHELL 296 ARAGON AVENUE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKIGEN, BARBARA 592 NW 60TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JOHNSON, JUANITA 20225 HIGHLAND LAKES BLVD MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS INTERIAN, ALINA 300 NE 2ND AVE RM 3704 MIAMI, FL 331322296
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 IN THIS SPACE**

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* **Alina Interian, Board of Directors, Secretary** 1/06/05 (305) 237-3940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #