

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morsham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 24 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000032268 (3)**

1. Corporation Name

**CORNERSTONE BIBLE STORE, INC.**

Principal Place of Business

~~240 S.W. 187 AVENUE  
SUITE 310  
MIAMI FL 33176~~  
**13317 SW 42ND ST**

Mailing Address

~~240 S.W. 137 AVENUE  
SUITE 310  
MIAMI FL 33176~~  
**13317 SW 42ND ST**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/30/1983**

3a. Date of Last Report  
**03/22/1994**

4. FEI Number  
**65-0407420**

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.000, Florida Statutes

Yes  No

2. Principal Place of Business

21 **13317 SW 42ND ST**

2a. Mailing Address

26 **13317 SW 42ND ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **MIAMI FL**

27 City & State

28 **MIAMI FL**

24 Zip Country

24 **33175**

29 Zip Country

29 **33175**

9. Name and Address of Current Registered Agent

**COCCHIARO, CLAUDIO  
10950 S.W. 64 STREET  
MIAMI FL 33173**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PT  
COCCHIARO, CLAUDIO  
10950 SW 64TH ST  
MIAMI FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**S  
COCCHIARO, WILMA  
10950 SW 64TH ST  
MIAMI F**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

Change  Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

Change  Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

Change  Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

Change  Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

Change  Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Claudio Cocchiaro*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

**CLAUDIO COCCHIARO 4/4/95 (305) 552-8944**