FILE NOW: FILING FEE AFTER MAY 1 13,\$550.00

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PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State FILED DIVISION OF CORPORATIONS 1997 DOCUMENT # P95000045669 97 OCT -3 AM 10: 21 PAGES OF LIFE BIBLE BOOK STORE SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 13747 N.W. 7th AUE 13747 N.W. 74 AUE. MIAMI, FL 33168 MIAMI, FL 33168 3. Date Incorporated or Qualified 3a. Date of Last Report 11-12-96 2. Principal Place of Business 2a. Mailing Address Applied For SAME AS Above SAME AS ABOVE 65-0620045 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be П Added to Fees 23 28 Trust Fund Contribution Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 29 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ALYCE MILLER 19721 NW4 AUE Street Address (P.O. Box Number is Not Acceptable) MIAMI, EL 33169 83 R4 City 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. AYCE MILLER

ure, typed or printed name of registered agent and title if applicable SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DIRECTOR, PRESIDENT DELETE
ALYCE MICLER 1.1 TITLE Change Addition TITLE NAME 12 NAME 19721 NW 4ª AUG STREET ADDRESS 13 STREET ADDRESS MIAMI FL 33169 CITY-ST-ZIP 1.4 CITY - ST - ZIP 900002313989^{0.000}9 -10/07/97--01050--030 DELETE TREASURER 2.1 TITLE SHERYL MILLER NAME 2.2 NAME 184 COLUMBUS AUE 2.3 STREET ADDRESS STREET ADDRESS ****558.75 ****558.75 NEW YORK, NY 10025 CITY ST-ZIP 2.4 CHY-ST-7IP Change Addition SECRETARY DELETE TITLE 3.1 TITLE ANGANIQUE SMITH 3.2 NAME NAM A 19721 NW 44 AUE 3.3 STREET ADDRESS STREET ADDRESS MIAMI, FL 33169 CITY-ST-ZIP 3.4. C/1Y - ST - ZIP DELETE Addition TITLE 41 TITLE Change 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-S1-ZIP CITY - ST - ZIP DELETE Addition 51 TITLE Change TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY- \$1- ZIP DELETE TITLE 6.1 TITLE ☐ Addition 6.2 NAME NAME STREET ADDRESS 63 STREET ADDRESS 6.4.0(1Y-ST-ZIP) 14. Ido 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

alexa Mila

SIGNATURE: ALYCE MILLER.

BIONATURE AND TYPED OF PRINTED NAME OF

9/19/47 (305) 688-5712