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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701655 (3)
 1. Corporation Name
CENTRAL AGENCY FOR JEWISH EDUCATION, INC.



Principal Place of Business % SANDY WERTHEIM 4200 BISCAYNE BLVD. MIAMI FL 33137	Mailing Address % SANDY WERTHEIM 4200 BISCAYNE BLVD. MIAMI FL 33137
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3. Date Incorporated or Qualified 11/10/1960	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-0624373		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 29
Zip 30	Country 30

9. Name and Address of Current Registered Agent

**WERTHEIM, SANDY, R
4200 BISCAYNE BLVD
CAJE
MIAMI FL 33137**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	V <input type="checkbox"/> DELETE
NAME	GREENZWIG, EUGENE
STREET ADDRESS	4520 POST AVE
CITY-ST-ZIP	MIAMI BCH., FL 00000
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	CANNER, IRVING
STREET ADDRESS	20020 N.E. 22ND AVE.
CITY-ST-ZIP	N. MIAMI BCH. FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	PETRNOY, SIDNEY
STREET ADDRESS	13003 SW 104TH COURT
CITY-ST-ZIP	MIAMI FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	UNGER, JOSEPH
STREET ADDRESS	11380 SW 72ND AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	SCHWARTZ, PHILIP
STREET ADDRESS	175 NW 1ST AVE
CITY-ST-ZIP	MIAMI FL
TITLE	S. VD <input type="checkbox"/> DELETE
NAME	HARRIS, JOAN M
STREET ADDRESS	2485 MERIDIAN AVE
CITY-ST-ZIP	MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MEYERS, GAIL
2.3 STREET ADDRESS	2000 S. BAYSHORE DR
2.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KESSLER, ELLIOT
3.3 STREET ADDRESS	211 CAMERON CT
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33326
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S. SCHWARTZ, LAWRENCE (HON.)
4.3 STREET ADDRESS	21320 NE 23 CT
4.4 CITY-ST-ZIP	N. MIA. BCH, FL 33180
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *C. De P.* **4/16/98 305(576.4030)**

CR2E037 (10/97)