

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 10 PM 8: 04

DOCUMENT # 703555 (3)

1. Corporation Name
CUBAN-HEBREW CONGREGATION OF MIAMI, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1700 MICHIGAN AVE. MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/05/1962** 3a. Date of Last Report **03/16/1994**
4. FEI Number **59-6166265** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**STABINSKI, LUIS
757 N.W. 27TH AVENUE
MIAMI FL 33125**

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BENDER, ALBERTO
STREET ADDRESS	1700 MICHIGAN AVE
CITY - ST - ZIP	MIAMI BEACH FL 33139
TITLE	VD
NAME	CHYZYK, MARIO
STREET ADDRESS	1700 MICHIGAN AVE
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	SD
NAME	GIVNER, JACOB
STREET ADDRESS	1700 MICHIGAN AVE
CITY - ST - ZIP	MIAMI BEACH FL 33139
TITLE	TD
NAME	WENGUER, JAIME
STREET ADDRESS	1700 MICHIGAN AVE
CITY - ST - ZIP	MIAMI BEACH FL
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHYZYK MARIO-PRESIDENT	
1.3 STREET ADDRESS	1700 Michigan Ave.	
1.4 CITY - ST - ZIP	Miami Beach, Fl. 33139	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PAPIR PINCHO - VICE PRESIDENT	
2.3 STREET ADDRESS	1700 Michigan Ave.	
2.4 CITY - ST - ZIP	Miami Beach, Fl. 33139	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GORFINKEL RAUL, SECRETARY	
3.3 STREET ADDRESS	1700 Michigan Ave.	
3.4 CITY - ST - ZIP	Miami Beach, Fl. 33139	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GLINSKY MICHAEL, TREASURER	
4.3 STREET ADDRESS	1700 Michigan Ave.	
4.4 CITY - ST - ZIP	Miami Beach, Fl. 33139	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alvaro Lopez President Date: March 1, 1995 Office Phone #: 534-7213