

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 703555 (3)
1. Corporation Name
CUBAN-HEBREW CONGREGATION OF MIAMI, INC.



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

3. Date incorporated or Qualified **02/05/1962** 3a. Date of Last Report **03/10/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-6166265		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		29		30	
Zip		Country		Zip		Country	
24		25		29		30	

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
85 Zip Code **FL**

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)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHYZYK, MARIO	
STREET ADDRESS	1700 MICHIGAN AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PAPIR, PINCHO	
STREET ADDRESS	1700 MICHIGAN AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GORFINKEL, RAUL	
STREET ADDRESS	1700 MICHIGAN AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GLINSKY, MICHAEL	
STREET ADDRESS	1700 MICHIGAN AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WENGUER, JAIME -PRESIDENT D
1.3 STREET ADDRESS	1700 MICHIGAN AVENUE
1.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PAPIR, PINCHO -EXEC.VICE-PRESIDENT D
2.3 STREET ADDRESS	1700 MICHIGAN AVENUE
2.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HOCHMAN, DAVID P.-SECRETARY D
3.3 STREET ADDRESS	1700 MICHIGAN AVENUE
3.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BENDER, ALBERTO - TREASURER D
4.3 STREET ADDRESS	1700 MICHIGAN AVENUE
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	800001786738
5.4 CITY-ST-ZIP	-04/19/96--01018--015
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	***\$61.25
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 119.07(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 deleted in attachment with an address.

SIGNATURE: _____ PRESIDENT Date: 4/2/96 Signature Phone #: 305-534-7213

CR2E037 (12/95)