

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 09 1998 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



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** **1700 MICHIGAN AVE.  
MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified  
**02/05/1962**

4. FEI Number **59-6166265** Applied For  Not Applicable

6. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 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 **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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WENGUER, JAIME</b>	1.2 NAME	<b>RAUL GORFINKEL</b>
STREET ADDRESS	<b>1700 MICHIGAN AVE</b>	1.3 STREET ADDRESS	<b>1700 MICHIGAN AVENUE</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	1.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL. 33139</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAPIR, PINCHO</b>	2.2 NAME	<b>DAVID M. SOSTCHIN</b>
STREET ADDRESS	<b>1700 MICHIGAN AVE</b>	2.3 STREET ADDRESS	<b>1700 MICHIGAN AVENUE</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	2.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL. 33139</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHERMAN, JEFF</b>	3.2 NAME	<b>ALEX I. TACHMES</b>
STREET ADDRESS	<b>1700 MICHIGAN AVE</b>	3.3 STREET ADDRESS	<b>1700 MICHIGAN AVENUE</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	3.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL. 33139</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WENGUER, TETE</b>	4.2 NAME	<b>JEFF SHERMAN</b>
STREET ADDRESS	<b>1700 MICHIGAN AVE</b>	4.3 STREET ADDRESS	<b>1700 MICHIGAN AVENUE</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	4.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL. 33139</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_

CR2E037 (10/97)