

**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 # 715259 (8)

1. Corporation Name

SEPHARDIC CONGREGATION OF FLORIDA, INC.



Principal Place of Business

Mailing Address

1200 NORMANDY DR.  
MIAMI BEACH FL 33141

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MIAMI BEACH FL 33141

3. Date Incorporated or Qualified  
09/13/1968

3a. Date of Last Report  
01/30/1995

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

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4. FEI Number  
23-7004362

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITRANI, ISAAC J  
MITRANI, RYNOR & GALLEGOS  
1 SE 3RD AVE SUITE 1440  
MIAMI FL 33131

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME ESQUENZAI, JOSE  
STREET ADDRESS 1119 BIARRITZ DR  
CITY-ST-ZIP MIAMI BCH. FL

1.1 TITLE XX  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2ND VICE PRESIDENT  Change  Addition

TITLE  DELETE  
NAME BEHAR, ROBERTO  
STREET ADDRESS 21330 NE 23 ST  
CITY-ST-ZIP N MIAMI BCH FL

2.1 TITLE XX  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
MOISES EGOZI  Change  Addition  
10101 COLLINS AVE PH 1A  
BAL HARBOR, FL 33154

TITLE  DELETE  
NAME BEHAR, ISIDORO  
STREET ADDRESS 9455 COLLINS AVENUE, #607  
CITY-ST-ZIP SURFSIDE FL

3.1 TITLE XX  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
MOISES JRADE  Change  Addition  
1035 STILLWATER DR  
MIAMI BEACH, FL 33141

TITLE  DELETE  
NAME GARAZI, SABETO  
STREET ADDRESS 8055 NOREMAC AVENUE  
CITY-ST-ZIP MIAMI BEACH FL

4.1 TITLE XX  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
JOSE NAE  Change  Addition  
2050 N.E. 203 ST  
NO MIAMI BEACH, FL 33141

TITLE  DELETE  
NAME JOSEPH BEHAR  
STREET ADDRESS 16426 N.E. 32ND AVE  
CITY-ST-ZIP NO MIAMI BEACH, FL 33160

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
TREASURER  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
 Change  Addition

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 on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96  
Date

(305) 861-6308  
Daytime Phone #

CR2E037 (12/95)