FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

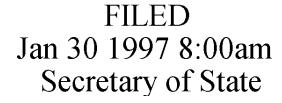
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

715259

(8)

SEPHARDIC	CONGREGATION OF FLORIDA.	INC
	OCHUILUATION OF LCCHIDA:	шъ



SEPHARDIC CONGREGATION OF FLORIDA, INC.										
Principal Place of Business Mailing Address		Mailing Address				- 1 1 0 0 0 1 1 0 0 0 1 1 1 0 0 0 1 1 1 0 0 0 1 1 1 0 0 0 1 1 1 0 0 0 0 1 1 1 0 0 0 0 1 1 1 0				
1200 NORMANDY DR. MIAMI BEACH FL 33141 1200 NORMANDY DR. MIAMI BEACH FL 33141-3611		1								
						3. Date Incorporated or Qualified 09/13/1968	3a. Date of Las 01/31/1			
2. Principal Place of Business 2a. Mailing Address 25				4. FEI Number 23-7004362			Applied For Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired				
City & State City & State 23 28 Zip Country Zip		28	- Country			Election Campaign Financing Trust Fund Contribution	☐ Adde	00 May Be ed to Fees		
24	Country 25 9, Name and Address of Curr		Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	S, Hamburd Habbas Of Cont	on negistered Agent	81	Name		U. Name and Address of New Neg	Jistered Agent			
MACTINA	I, ISAAC J									
	I, RYNOR & GALLEGOS		82	Street	Address	Idress (P.O. Box Number is Not Acceptable)				
	D AVE SUITE 1440		83				· 			
MIAMI FL 33131		84	City							
			04	City			FL 85 Zi	ip Code		
11. Pursuant office or ragent. I a	am familiar with, and accept the obl	ligations of, Section 617.0503, Flor	s, the above uthorized by ida Statutes	e-named the corp i.	d corporati poration's	ion submits this statement for the p board of directors. I hereby accep	urpose of changing t the appointment	j its registered as registered		
12.	Signature, typed or printed name of registered	agent and title if applicable (NOTE: AND DIRECTORS	Registered Age	nt signature	e required wh		DATE	5.656 111.16		
TITLE	DV	DELETE	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT			
NAME	ESQUENZAI, JOSE		1.2 NAME				□ Chang	e D Addition		
STREET ADDRESS	AAAA DIADDIED OD		13 STREET	2239000						
CITY-ST-ZIP	MIAMI BCH. FL		14 CITY-S		1					
TITLE	VD	XX DELETE	21 TITLE	i Lu	CV		Changi	e Addition		
NAME	BEHAR, ROBERTO		2.2 NAME		MO	ISES EGOZI	77 •			
STREET ADDRESS	21330 NE 23 ST		2.3 STREET	ADDRESS	10	101 COLLINS AVE	PH1A			
CITY-ST-ZIP	N MIAMI BCH FL		2. 4 CITY - S	T - ZIP	BAI	L HARBOUR, FL 33	3154			
TITLE	PD	☐ DELETE	3.1 TITLE		1		☐ Chang	e Addition		
NAME	MOISES, JRADE		3.2 NAME							
STREET ADDRESS	1035 STILLWATER DR		3.3 STREET	ADDRESS						
CITY-ST-ZIP	MIAMI BEACH FL		3.4. CITY - S	T-ZIP	l					
TITLE	SD	☐ DELETE	4.1 TITLE				Change	e Addition		
NAME	NAE, JOSE		4. 2 NAME					ļ		
STREET ADDRESS	2020 NE 203 ST		4.3 STREET	ADDRESS				İ		
CITY-ST-ZIP	n miami beach fl		4.4 CITY-S1	r-ZIP	ļ					
TITLE	TD	DELETE	5.1 TITLE				L Change	e 🔲 Addition		
NAME	BEHAR, JOSEPH		5.2 NAME					Ì		
STREET ADDRESS	16426 NE 32ND AVE		5.3 STREET							
CITY-ST-ZIP	N MIAMI BEACH FL	Прест	5.4 CITY-ST	1 - 7IP	 		r-1			
JITLE		☐ DELETE	6 1 1IILE				☐ Change	e L Addition		
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET							
CITY-ST-ZiP	av certify that the information suppl	ind with this filing does not a wall-	6.4 CHY-ST	-7IP	l	cention 110 07(0)(i) Florida O	16 -46			

I do 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 preview or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 12 if planged or open attachment with an address.

GNATURE: