


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 715259 (8)**

1. Corporation Name  
**SEPHARDIC CONGREGATION OF FLORIDA, INC.**

Principal Place of Business <b>1200 NORMANDY DR. MIAMI BEACH FL 33141</b>	Mailing Address <b>1200 NORMANDY DR. MIAMI BEACH FL 33141-3611</b>
--	---



<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
<b>22</b> Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>23</b> City & State	City & State
<b>24</b> Zip	<b>29</b> Zip
<b>25</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>09/13/1968</b>	<b>3a.</b> Date of Last Report <b>01/31/1996</b>
<b>4.</b> FEI Number <b>23-7004362</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DV</b> <input type="checkbox"/> DELETE
NAME	<b>ESQUENZAI, JOSE</b>
STREET ADDRESS	<b>1119 BIARRITZ DR</b>
CITY-ST-ZIP	<b>MIAMI BCH. FL</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BEHAR, ROBERTO</b>
STREET ADDRESS	<b>21330 NE 23 ST</b>
CITY-ST-ZIP	<b>N MIAMI BCH FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>MOISES, JRADE</b>
STREET ADDRESS	<b>1035 STILLWATER DR</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>NAE, JOSE</b>
STREET ADDRESS	<b>2020 NE 203 ST</b>
CITY-ST-ZIP	<b>N MIAMI BEACH FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>BEHAR, JOSEPH</b>
STREET ADDRESS	<b>16426 NE 32ND AVE</b>
CITY-ST-ZIP	<b>N MIAMI BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MOISES EGOZI</b>
2.3 STREET ADDRESS	<b>10101 COLLINS AVE PH1A</b>
2.4 CITY-ST-ZIP	<b>BAL HARBOUR, FL 33154</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: *Moises Grade pro: MOISES JRADE*

CR2E037 (9/96)