

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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</b>	
2. Principal Place of Business	2a. Mailing Address	21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State	23. Zip	28. Country
24. Zip	25. Country	29. Zip	30. Country

3. Date Incorporated or Qualified  
**09/13/1968**

4. FEI Number  
**23-7004362**

Applied For  
 Yes  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**

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

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

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) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOUBENZAJ, JOSE</b>	1.2 NAME	<b>ROBERTO E. BEHAR</b>
STREET ADDRESS	<b>1119 BIARRITZ DR</b>	1.3 STREET ADDRESS	<b>1928 SO. OCEAN DRIVE APT #405</b>
CITY-ST-ZIP	<b>MIAMI BCH. FL</b>	1.4 CITY-ST-ZIP	<b>HALLANDALE, FLORIDA 33009</b>
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EGOZI, MOISES</b>	2.2 NAME	
STREET ADDRESS	<b>10101 COLLINS AVE PH1A</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BAL HARBOUR FL</b>	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOISES, JRADE</b>	3.2 NAME	<b>SABETO GARAZI</b>
STREET ADDRESS	<b>1035 STILLWATER DR</b>	3.3 STREET ADDRESS	<b>6039 COLLINS AVENUE APT# 1722</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	3.4 CITY-ST-ZIP	<b>MIAMI BEACH, FLORIDA 33140</b>
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAE, JOSE</b>	4.2 NAME	<b>ISAAC LAGARI</b>
STREET ADDRESS	<b>2020 NE 203 ST</b>	4.3 STREET ADDRESS	<b>7601 E. TREASURE DERIVE APT #409</b>
CITY-ST-ZIP	<b>N MIAMI BEACH FL</b>	4.4 CITY-ST-ZIP	<b>NO. BAY VILLAGE, FL 33141</b>
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEHAR, JOSEPH</b>	5.2 NAME	
STREET ADDRESS	<b>16426 NE 32ND AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N MIAMI BEACH FL</b>	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	

1.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ROBERTO E. BEHAR</b>
1.3 STREET ADDRESS	<b>1928 SO. OCEAN DRIVE APT #405</b>
1.4 CITY-ST-ZIP	<b>HALLANDALE, FLORIDA 33009</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SABETO GARAZI</b>
3.3 STREET ADDRESS	<b>6039 COLLINS AVENUE APT# 1722</b>
3.4 CITY-ST-ZIP	<b>MIAMI BEACH, FLORIDA 33140</b>
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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 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: *Garazi* **SABETO GARAZI** 3/6/98 305 8616308

CFR2037 (10/97)