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Mar 08, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 715259

1. Corporation Name
SEPHARDIC CONGREGATION OF FLORIDA, INC.

| | |
|--|--|
| Principal Place of Business 1200 NORMANDY DR. MIAMI BEACH FL 33141 | Mailing Address 1200 NORMANDY DR. MIAMI BEACH FL 33141 |
|--|--|



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|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 09/13/1968 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 23-7004362 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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 **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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | BEHAR, ROBERTO E. | |
| STREET ADDRESS | 1928 SO. OCEAN DRIVE APT #405 | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | EGOZI, MOISES | |
| STREET ADDRESS | 10101 COLLINS AVE PH1A | |
| CITY-ST-ZIP | BAL HARBOUR FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | GARAZI, SABETO | |
| STREET ADDRESS | 6039 COLLINS AVENUE APT #1222 N25 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | LAGARI, ISAAC | |
| STREET ADDRESS | 7601 E. TREASURE DRIVE APT. #409 | |
| CITY-ST-ZIP | NO. BAY VILLAGE FL 33141 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | BEHAR, JOSEPH | |
| STREET ADDRESS | 16426 NE 32ND AVE | |
| CITY-ST-ZIP | N MIAMI BEACH FL | |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 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 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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** *Galen Presidio* 2/25/99 305 8616308
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (11/98)