

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 # 718876 (6)

1. Corporation Name
HILLEL COMMUNITY DAY SCHOOL, INC.



Principal Place of Business: 19000 N.E. 25TH AVE. (N. MIAMI BCH)
P.O. BOX 630158 OJUS STAT. OJUS FL 33163

Mailing Address: 19000 N.E. 25TH AVE. (N. MIAMI BCH)
P.O. BOX 630158 OJUS STAT. OJUS FL 33163

3. Date Incorporated or Qualified: **07/20/1970**
3a. Date of Last Report: **04/03/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1296635		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LIPSON, ARTHUR E 19000 NE 25TH AVENUE N. MIAMI BEACH FL 33180				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HOFFMAN, MARTIN	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19000 NE 25TH AVE.	12 NAME	
STREET ADDRESS	N. MIAMI BEACH FL	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	VD CANNER, IRVING	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19000 NE 25TH AVE	22 NAME	
STREET ADDRESS	N. MIAMI BEACH FL	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	SD OBERLANDER, FRIDA	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19000 NE 25TH AVENUE	32 NAME	
STREET ADDRESS	N. MIAMI BEACH FL	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	TD LIPSON, ARTHUR	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19000 NE 25TH AVE	42 NAME	
STREET ADDRESS	N. MIAMI BEACH FL	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: *Irving Canner* IRVING CANNER 4/15/96 (305) 931-2831

CR2E037 (12/95)