FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

,	ANNUAL REPORT 1998			Secretary of State DIVISION OF CORPORATIONS			ONS	Secretary	of S	State	
₽Ç	CUMENT rporation Name	# 72	22908	(1)							
D	AUGHTERS O	F ISRAEL	, INC.					A INDRIKA NORMA ANDNO ANDNO KRAMI DOMOK KRAM BARAN BAR	(A))	ANAHA DARAK KABI	
Principal Place of Business Mailing Address											
2530 PINE TREE DRIVE 2850 PRAIRIE AVE								Date Incorporated or Qualified			
MIAMI BEACH FL 33140 US			M	MIAMI BCH FL 33140				03/16/1972			
								4. FEI Number 59-0919183		Applied For Not Applicable	
2. Prir	ncipal Place of Busi	ness	20	Mailing Address				5. Certificate of Status Desired		Additional	
21	to Ant # ata		26	Suite, Apt. #, etc.						Required	
22	te, Apt. #, etc.		27	Suite, Apt. #, etc.				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
City	City & State			City & State				7. Is this nonprofit corporation a homeowners association?			
23 Zip		Country	28	Zip		-4			□ No		
24		Country 25	29	n .	Cour	itry		 This corporation owes or has paid the or Personal Property Tax due June 30. 		ntangible No	
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered			
					ŀ	81	Name				
GALBET, ABRAHAM A						82	Street Addre	ess (P.O. Box Number is Not Acceptable)		•	
999 WASHINGTON AVENUE MIAMI BEACH FL 33139						83				_	
						84	City		ael 72	Codo	
							· ·	FI	- `	Code	
11. թլ of	rsuant to the provis lice or registered ag	ions of Secti jent, or both	ions 617.0502 and , in the State of Flo	617.1508, Florida Sta tut rida. Such change was i	es, the ab authorized	ove by	 named corpo the corporatio 	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing pointment a	Its registered s registered	
aç	jent. I am familiar w	ith, and acce	ept the obligations	of, Section 617.0503, Fk	orida Statu	ites	•	, , ,		•	
SIGNATURE Signature, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required who								d when reinstating) DATE			
12.	1 22	Of	FICERS AND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE NAME	SD	CODEI		☐ DELETE	1.3 TITL				Change	Addition	
STREET A	SIMON,	AIRIE AVE			1.2 NAM		ADDRESS				
CITY-ST		CH., FL 00	000		1.4 CIT			•			
TITLE	PD	VII. 1 E VV	-	☐ DELET E	2.1 TITL		-211		☐ Change	Addition	
NAME	KORF, R	NVKA			2.2 NAN	ME	ŀ				
STREET A	II	TON ROAD			2.3 STR	EET A	address				
CITY-ST		CH, FL 000	000	DC) ETE	2. 4 CIT		I - ZIP		Change	- Addition	
TITLE NAME	SD	SKY, YEHU	nie	DELETE	3.1 TITL 3.2 NAM				☐ Change	☐ Addition	
STREET A		YAL PALM					ADDRESS .				
CITY-ST-		EACH FL	***************************************		3.4. CIT						
TITLE				☐ DELETE	4.1 JITL	_			Change	Addition	
NAME					4. 2 NAJ	ME					
STREET A	DORESS				4.3 STR	EET /	ADDRESS				
CITY-ST	ZIP			DELETÉ	4.4 CITY		- ZIP		Channe	Addition	
TITLE NAME				☐ DELETÉ	5.1 TITL 5.2 NAM				∐ Change	☐ Addition	
STREET A	DDRESS						ADDRESS	•			
CITY-ST-					5.4 CITY						
TITLE				DELET E	6.1 TITL		-		Change	Addition	
NAME					6.2 NAN	AΕ					
STREET A	DORESS				6.3 STA	EET #	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 3 on an attachment with an address.

SIGNATURE:

FILED

Jan 15 1998 8:00am