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Jan 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 724335 (5)

1. Corporation Name:  
JEWISH CULTURAL CENTER, INC.



Principal Place of Business Mailing Address  
420 LINCOLN ROAD #329  
MIAMI BEACH FL 33139  
420 LINCOLN ROAD #329  
MIAMI BEACH FL 33139-3009

3. Date Incorporated or Qualified 09/14/1972  
3a. Date of Last Report 01/31/1996  
4. FEI Number 59-0656704  
Applied For 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 420 Lincoln Rd 26  
Suite, Apt. #, etc. #329 Suite, Apt. #, etc. #329  
22 #329 27 change from 264 to 329  
City & State City & State  
23 420 Lincoln Rd 28  
Zip 33139 Country Zip Country  
24 33139 25 29 30

9. Name and Address of Current Registered Agent  
FRIEDMAN, ISIDORE  
3 ISLAND AVE. 5J  
MIAMI BEACH FL 33139

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ISIDORE, FRIEDMAN	
STREET ADDRESS	3 ISLAND DR. #55	
CITY - ST - ZIP	MIAMI BCH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KANTOR, MARY	
STREET ADDRESS	4101 COLLINS AVE RM 606	
CITY - ST - ZIP	MIAMI BCH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CHOROVER, ANN	
STREET ADDRESS	7770 TATUM WATERWAY DR	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, HENRIETTA	
STREET ADDRESS	3 ISLAND AVE. #5J	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 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. 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: *Henrietta Friedman* Henrietta Friedman 1/15/97-9079  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 305-531-6104 Home Daytime Phone # 0027405

CR2E037 (9/96)