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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724335

1. Corporation Name
JEWISH CULTURAL CENTER, INC.

Principal Place of Business 420 LINCOLN RD SUITE 329 MIAMI BEACH F 33139 US	Mailing Address 420 LINCOLN ROAD 329 MIAMI BEACH FL 33139 US
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2. Principal Place of Business 21 420 Lincoln Rd Suite, Apt. #, etc. 22 329 City & State 23 MB FL Zip Country 24 33139 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified 09/14/1972	4. FEI Number 59-0656704 Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	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

FRIEDMAN, ISIDORE
3 ISLAND AVE. 5J
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ 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	PD	<input type="checkbox"/> DELETE
NAME	SHLAFROCK, MAX	
STREET ADDRESS	5100 N3 2ND AVE	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	COLLINS, BARBARA	
STREET ADDRESS	7845 CAMINO D 0412	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	DS	<input checked="" 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	DBD	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, ISIDORE	
STREET ADDRESS	3 ISLAND AVE	
CITY-ST-ZIP	5J MB 33139	
TITLE	Ex. Dir.	<input type="checkbox"/> DELETE
NAME	Vito Magli	
STREET ADDRESS	10375 NW 42 Dr.	
CITY-ST-ZIP	Coral Springs FL 33065	

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: *Henrietta Friedman* 305 531-6104
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Henrietta Friedman** Date: 2/9/98 Daytime Phone #

CR2E037 (11/98)