

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 # 732287 (8)

1. Corporation Name

HIGH SCHOOL IN ISRAEL, INC.



Principal Place of Business

3950 BISCAYNE BLVD.
MIAMI FL 33137

Mailing Address

3950 BISCAYNE BLVD.
MIAMI FL 33137

3. Date Incorporated or Qualified

03/27/1975

3a. Date of Last Report

03/02/1995

2. Principal Place of Business

21 1175 NE 125 ST.

Suite, Apt. #, etc.

22 SUITE 500

City & State

23 N. MIAMI, FL.

Zip

24 33161

Country

25 DDC

2a. Mailing Address

26 1175 NE 125 ST.

Suite, Apt. #, etc.

27 SUITE 500

City & State

28 N. MIAMI, FL.

Zip

29 33161

Country

30 DDC

4. FEI Number

59-0173782

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALLEN, LOUISE
C/O STEARNS, WEAVER, MILLER
150 W FLAGLER #200
MIAMI FL 33130

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SILVER, MICHAEL	
STREET ADDRESS	1428 BRICKWELL AVE #500	
CITY - ST - ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HEILIG, ALAN	
STREET ADDRESS	C/O TEMPLE ISRAEL, 137 NE 19TH ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MANN, MERRI	
STREET ADDRESS	15527 BRAEMAR CT	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ALLEN, LOUISE	
STREET ADDRESS	150 WEST FLAGLER ST, SUITE 2200	
CITY - ST - ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DANIELS, BRIAN	
STREET ADDRESS	C/O BURDINES, 22 E FLAGLER	
CITY - ST - ZIP	N MIAMI BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RAWICZ, FRED	
STREET ADDRESS	8040 SW 163 ST	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	DOV ALEXANDER	
33 STREET ADDRESS	2201 CORTESE BLVD NW #104	
34 CITY - ST - ZIP	DOCA RATER, FL 33431	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	BARTON SACHS	
63 STREET ADDRESS	1110 BRICKELL AVE	
64 CITY - ST - ZIP	MIAMI, FL 33131	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN B. HEILIG

1/23/96

(305) 573-5900

Date

Daytime Phone

CR2E037 (12/95)