

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **732287** (8)  
1. Corporation Name  
**HIGH SCHOOL IN ISRAEL, INC.**



Principal Place of Business <b>1175 NE 125TH ST. 500 N. MIAMI FL 33161 US</b>	Mailing Address <b>1175 NE 125TH ST. 500 N. MIAMI FL 33161 US</b>
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25 Country 30
--	---	--------------------------------

3. Date Incorporated or Qualified <b>03/27/1975</b>	
4. FEI Number <b>59-0173782</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ALLEN, LOUISE C/O STEARNS, WEAVER, MILLER 150 W FLAGLER #200 MIAMI FL 33130</b>
---

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
---

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>BILZIN, BRIAN</b>
STREET ADDRESS	<b>200 S BISCAYNE BLVD, SUITE 2500</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>BEBCHICK, LEONARD</b>
STREET ADDRESS	<b>888 SIXTEENTH ST NW</b>
CITY-ST-ZIP	<b>WASHINGTON DC</b>
TITLE	ASD <input type="checkbox"/> DELETE
NAME	<b>BRANT, DR LARRY</b>
STREET ADDRESS	<b>3904 DURANGO ST</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	POSD <input type="checkbox"/> DELETE
NAME	<b>ALLEN, LOUISE</b>
STREET ADDRESS	<b>150 WEST FLAGLER ST, SUITE 2200</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	<b>DANIELS, BRIAN</b>
STREET ADDRESS	<b>490 STONEMONT DR</b>
CITY-ST-ZIP	<b>WESTON FL</b>
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 checked="" type="checkbox"/> Addition
5.2 NAME	<b>ROBERT GUBERT</b>
5.3 STREET ADDRESS	<b>133 SE VILLA</b>
5.4 CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>
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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_

CR2E037 (10/97)