

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732287

FILED
Jun 30, 2004
Secretary of State**Entity Name:** ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATION, INC.**Current Principal Place of Business:**12550 BISCAYNE BLVD
604
MIAMI, FL 33181 US**New Principal Place of Business:****Current Mailing Address:**12550 BISCAYNE BLVD
604
MIAMI, FL 33131 US**New Mailing Address:****FEI Number:** 59-0173782 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ALLEN, LOUISE
C/O STEARNS, WEAVER, MILLER
200 EAST BROWARD BOULEVARD
FORT LAUDERDALE, FL 33301 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VD () Delete
Name: SEAN, LEDER
Address: 6015 LELAC RD
City-St-Zip: BOCA RATON, FL 33496**Title:** VD () Delete
Name: BEBCHICK, LEONARD
Address: 888 SIXTEENTH ST NW
City-St-Zip: WASHINGTON, DC**Title:** VD () Delete
Name: SANDRA, MUSS
Address: FOUNTAINSLVE HILTON 441 COLLINS AVE #454
City-St-Zip: MIAMI BEACH, FL 33140**Title:** CD () Delete
Name: ROBERT WERNER
Address: 3000 ISLAND BLVD APT 3001
City-St-Zip: ADVENTURA, FL 33160**Title:** VD () Delete
Name: RENSTEIN, JOEL
Address: 9255 S. FEDERAL HWY., #325
City-St-Zip: BOCA RATON, FL 33432**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT WERNER

CD

06/30/2004

Electronic Signature of Signing Officer or Director

Date