FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUI 1. Corporatio	MENT # 73725() (1)							
JEWISI	H FEDERATION HOUSING,	INC.				182101 18882 14214 48818 14881 81101	48 11 6 1311 1		NIFII AIAIN INAI
		······································							
Principal Place of Business Mailing Address						1 13 E 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			CHOTA BIBIT HODI
4200 BISCAYNE BLVD. MIAMI FL 33137		4200 BISCAYNE BLVD. MIAMI FL 33137-3210							
						3. Date incorporated or Qualified 11/08/1976	За.	Date of Last 02/01/19	
· ·	lace of Business	2a, Mailing Address				4. FEI Number 59-1715089		—	pplied For
Suite, Apt.	# alc	26 Suite Apt # etc	Suite, Apt. #, etc.			29-11 10009			lot Applicable
22	т, ою.	27			5. Certificate of Status Desired	X	T	Additional Required	
City & Stat	в	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	—	ountry	r	This corporation has liability fo			8. 199.032,
24 25 29 30 30 9. Name and Address of Current Registered Agent						Florida Statutes 10. Name and Address of New R	Yes		
 	9. Name and Address of Curren	r Medistelen Want		81	Name	IV. Name and Address of New H	eBistele	o wgent	,
00101101111000									
SOLOMON JACOB 4200 BISCAYNE BLVD			82	Street Ad-	dress (P.O. Box Number is Not Accepta	.ble)			
MIAMI FL 33137			83		·				
Michael C 00107			84	City			les l 2iz	Code	
				64	City		F	L 85 2ip	COGG
11. Pursuant	to the provisions of Sections 617.050.	2 and 617.1508, Florida Sta of Florida, Such change w	atutes, the	above	e-named co	orporation submits this statement for the ration's board of directors. I hereby according	purpose	of changing	its registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 617.0503	, Florida St	atutes	S.	anono poure or anconore. The coo, app.	, p 5 ca ₁	opo in cino in ci	o 10g1010100
SIGNATURE .	Signature, typed or printed name of registered age	A second side of the second se	NOTE: Decision			pulred when reinstating)	DATE		
12.	OFFICERS AND		13		ant signature red	ADDITIONS/CHANGES TO OFF		ND DIRECTO	RS IN 12
TITLE				TITLE				Change	
NAME	FLEEMAN, DAVID B.		1.2	1.2 NAME					
STREET ADDRESS 321 W. DILIDO DR.			1.3 STREET A		ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP MIAMI BEACH FL		1.4	CITY-S	1 - ZIP				
TITLE	~		TITLE		······································		☐ Change	☐ Addition	
NAME	(4#1110)		NAME					į	
STREET ADDRESS	18735 NE 21ST AVE		2.3	STREET	ADDRESS				
CITY-ST-ZIP			CITY-S	ST-ZIP			Change	Addition	
TITLE			TITLE	}			L cliarge	Addition	
NAME STREET ADDRESS	SOLOMON, JACOB 4200 BISCAYNE BLVD			NAME	ADDRECE				
	MIAMI FL				ADDRESS .				
TITLE				CITY-S	ST LEIF			Change	Addition
NAME	TAPLIN, SOL			NAME				_	_
STREET ADDRESS	10275 COLLINS AVE.		- 1		ADDRESS				
CITY-ST-ZIP	BAL HARBOUR FL		- 1	CITY-S	j				
TITLE			TITLE				Change	Addition	
NAME	Y UDE WITZ, BRUCE		5.2	NAME					
STREET ADDRESS	4200 BISCAYNE BLVD		5.3	STREET	ADDRESS				ĺ
CITY-ST-ZIP	MIAMI FL			CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1	TITLE				☐ Change	☐ Addition

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; 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 change I, or on an attachment with an address.

STREET ADDRESS CITY ST ZIP

FILED

Jun 03 1997 8:00am

Secretary of State