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Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 737814 (4)

1. Corporation Name  
GREATER MIAMI JEWISH FEDERATION, INC.



Principal Place of Business Mailing Address  
4200 BISCAYNE BLVD. MIAMI FL 33137-3210  
4200 BISCAYNE BLVD. MIAMI FL 33137-3210

3. Date Incorporated or Qualified 01/10/1977  
3a. Date of Last Report 04/24/1996  
4. FEI Number 59-0624404  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
SOLOMON JACOB  
4200 BISCAYNE BLVD  
MIAMI FL 33137

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ADLER, MICHAEL	
STREET ADDRESS	8961 S.W. 108TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	OREN, NEORA	
STREET ADDRESS	3526 BAYSHORE VILLAS DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GERSON, GARY	
STREET ADDRESS	1845 CLEVELAND ROAD	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PODHURST, DOROTHY	
STREET ADDRESS	16200 WEST PRESTWICK PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, RICHARD	
STREET ADDRESS	10220 S.W. 142ND ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KISLAK, JONATHAN	
STREET ADDRESS	701 BRICKELL AVE., #140	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VICE PRESIDENT, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAUL BERKOWITZ	
1.3 STREET ADDRESS	10145 S.W. 71st AVE.	
1.4 CITY-ST-ZIP	MIAMI, FL. 33166	
2.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ISAAC ZELCER	
2.3 STREET ADDRESS	3651 N.W. 79th AVE.	
2.4 CITY-ST-ZIP	MIAMI, FL. 33166	
3.1 TITLE	VICE-PRESIDENT, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MICHAEL SCHECK	
3.3 STREET ADDRESS	215 S.E. 10th AVE.	
3.4 CITY-ST-ZIP	MIAMI, FL 33130	
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 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 changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E037 (9/96)