

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737814 (4)
Corporation Name
GREATER MIAMI JEWISH FEDERATION, INC.



Principal Place of Business 4200 BISCAYNE BLVD. MIAMI FL 33137-3210	Mailing Address 4200 BISCAYNE BLVD. MIAMI FL 33137-3210
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3. Date Incorporated or Qualified 01/10/1977	
4. FEI Number 59-0624404	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No

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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VICE-PRESIDENT, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERKOWITZ, PAUL	1.2 NAME	SANFORD B. MIOT
STREET ADDRESS	10145 SW 71ST AVE	1.3 STREET ADDRESS	1 S.E. 3 AVE., #1500
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZELCER, ISAAC	2.2 NAME	ROBERT H. BRIN
STREET ADDRESS	3851 NW 79TH AVE	2.3 STREET ADDRESS	200 S. BISCAYNE BLVD # 1900
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHECK, MICHAEL	3.2 NAME	
STREET ADDRESS	215 SE 10TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PODHURST, DOROTHY	4.2 NAME	
STREET ADDRESS	16200 WEST PRESTWICK PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, RICHARD	5.2 NAME	
STREET ADDRESS	10220 S.W. 142ND ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISLAK, JONATHAN	6.2 NAME	
STREET ADDRESS	701 BRICKELL AVE., #140	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 on an attachment with an address.

SIGNATURE: *[Signature]* SANFORD B. MIOT 3/20/98 305-596-4000 EST 267

CR2E037 (10/97)