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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737814

1. 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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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 01/10/1977
23 City & State	27 City & State	4. FEI Number 59-0624404
24 Zip	29 Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIST, SANFORD B	1.2 NAME	
STREET ADDRESS	1 SE 3 AVE, 1500	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELCER, ISAAC	2.2 NAME	<i>ZELCER, ISAAC</i>
STREET ADDRESS	3651 NW 79TH AVE	2.3 STREET ADDRESS	<i>3651 NW 79TH AVE</i>
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	<i>MIAMI, FL</i>
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHECK, MICHAEL	3.2 NAME	<i>SCHECK, MICHAEL</i>
STREET ADDRESS	215 SE 10TH AVE	3.3 STREET ADDRESS	<i>215 SE 10TH AVE</i>
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	<i>HIALEAH, FL</i>
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PODHURST, DOROTHY	4.2 NAME	<i>SACOB SOLOMON</i>
STREET ADDRESS	16200 WEST PRESTWICK PLACE	4.3 STREET ADDRESS	<i>4200 BISCAYNE BOULEVARD</i>
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	<i>MIAMI, FL 33137</i>
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	VPD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIN, ROBERT H	6.2 NAME	
STREET ADDRESS	200 S BISCAYNE BLVD, 1900	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** *4/5/99* *305-516-4000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0030285

0000007 (4/1/99)