FILE NOW: FILING FEE IS \$61.25

DELRAY BCH. FL

SIGNATURE:

NONPROFIT Mar 25 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** 746503 (2) THE SEPHARDIC SOCIAL CLUB OF FLORIDA Principal Place of Business Mailing Address C/O JUDITH DELAFUENTE C/O JUDITH DELAFUENTE 3. Date incorporated or Qualified 21785 CYPRESS DR 21785 CYPRESS DR 03/28/1979 **BOCA RATON FL 33433 BOCA RATON FL 33433** 4. FEI Number Applied For 59-2734111 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired П 21 26 Fee Required Suite, Apt. #, etc. Suite. Apt. #. etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No Country Zip Country This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent ☐ Yes 10. Name and Address of New Registered Agent 81 Name KOHAN, ANDREW J., ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 2034 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 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 Ð DELETE 1.1 TITLE Change Addition NAME ANGEL, HENRY President 1.2 NAME STREET ADDRESS 2617 CARAMBOLA CIRCLE N. 1.3 STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change D Addition NAME **DELAFUENTE. MORRIS** 2.2 NAME STREET ADDRESS 21785 CYPRESS DR Leon Penso 2.3 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** 6406 Pinehurst Circle 2.4 CITY-ST-ZIP DELETE Tamarac,F1.33321 3.1 TITLE Change Addition NAME HALIO, HANK 3.2 NAME STREET ADDRESS 7906 A. LEXINGTON CLUB BLVD. 3.3 STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change DELAFUENTE, JUDITH NAME Addition 4. 2 NAME STREET ADDRESS 21785 CYPRESS DR 4.3 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME GORMEZANO, SAMUEL 5.2 NAME 5609 COCO PALM DR. STREET ADDRESS 5.3 STREET ADDRESS TAMARAC FL CITY-ST-7IP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME CRESPIN, JACK 6.2 NAME STREET ADDRESS 829 CAMINO RD. **6.3 STREET ADDRESS**

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 Block 12 or Block 13 if changed, or on an ayachment with an address.

FILED