

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 749351 (3)

1. Corporation Name

HOLOCAUST DOCUMENTATION AND EDUCATION CENTER, IN C.

Principal Place of Business

F I U BAY VISTA
3000 N.E. 145 ST
N MIAMI FL 33181

Mailing Address

F I U BAY VISTA
3000 N.E. 145 ST
N MIAMI FL 33181



3. Date Incorporated or Qualified
10/16/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDSTEIN, GOLDIE R
HOLOCAUST DOC. & ED. CENTER, INC.
NORTH MIAMI CAMPUS
NORTH MIAMI FL 33181**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | DAVIES, JOHN | |
| STREET ADDRESS | 601 NE 107 ST. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | GOLDSTEIN, GOLDIE R | |
| STREET ADDRESS | 11470 VICTORIA CIR. | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | KENIGSBERG, ROSITTA | |
| STREET ADDRESS | 520 HOLIDAY DR | |
| CITY-ST-ZIP | HALLANDALE FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | LEVY, HARRY A. | |
| STREET ADDRESS | 1340 BISCAYA DRIVE | |
| CITY-ST-ZIP | MIAMI BEACH FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | KLOMPUS, MARILYN | |
| STREET ADDRESS | 1901 NE 188TH ST. | |
| CITY-ST-ZIP | N MIAMI BEACH FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | PERLMUTTER, ROSALIND | |
| STREET ADDRESS | 3321 RUNNING BROOK WAY | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|-----------------------------|--|
| 11 TITLE | Vice Pres. / Dir. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | Hofrichter, Rita | |
| 13 STREET ADDRESS | 251-174th St. #1819 | |
| 14 CITY-ST-ZIP | No. Miami Beach, FL 33160 | |
| 21 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |
| 31 TITLE | Exec. V.P./Dir. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | Secretary/Dir. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | Potash, Marilyn | |
| 53 STREET ADDRESS | 1890 N.E. 197 Terrace | |
| 54 CITY-ST-ZIP | No. Miami Beach, FL 33179 | |
| 61 TITLE | Treasurer/Dir. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | Ziffer, Sylvia | |
| 63 STREET ADDRESS | 2365 N.E. 199 St. | |
| 64 CITY-ST-ZIP | North Miami Beach, FL 33180 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Rositta E. Kenigsberg
Rositta E. Kenigsberg - Exec. V. P.

1/22/96 (305) 940-5690

Date

Daytime Phone #

CR2E037 (12/95)