


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 08 1996 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762630 (2)
 1. Corporation Name
HOLOCAUST SURVIVORS OF SOUTH FLORIDA, INC.

Principal Place of Business 8358 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33351	Mailing Address 8358 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33351
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/29/1982	3a. Date of Last Report 03/06/1995
21	22. Suite, Apt. #, etc.		26	4. FEI Number 59-2223621	Applied For Not Applicable
23	23. City & State		27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	24. Zip	25. Country	29	28. City & State	28. City & State
24		25		29	
24		25		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		

**GRAIFMAN, IRVING
7031 NW 104TH AVE
TAMARAC FL 33321**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAIFMAN, IRVING	1.2 NAME	
STREET ADDRESS	7031 NW 104TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENSTEIN, JULIUS	2.2 NAME	
STREET ADDRESS	2704 N.W. 104TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33322	2.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, MOSES	3.2 NAME	
STREET ADDRESS	478 PIEDMONT J	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITT, JOSEPH	4.2 NAME	
STREET ADDRESS	3203 POTOFINO POINT	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	4.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAGRIN, LEON	5.2 NAME	
STREET ADDRESS	3900 NW 78TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEINBERG, ABRAHAM	6.2 NAME	
STREET ADDRESS	10207 SUNRISE LAKES BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	6.4 CITY-ST-ZIP	

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)(k), 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: *Irving Graifman* Date: **2/5/96**
Signature and typed or printed name of signing officer or director

CR2E037 (12/95)