

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED
95 MAY -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764217 (6)
1. Corporation Name
HEBREW HOME FOR THE AGED, NORTH DADE HOUSING, INCORPORATED

Principal Place of Business Mailing Address
NG INCORPORATED 320 COLLINS AVENUE MIAMI BEACH FL 33139
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1982
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-0825837
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
ZILBERT, LEONARD
20515 E. COUNTRY CLUB DR.
AVENTURA FL 33180

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Leonard Zilbert* DATE: 4/24/95
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZILBERT, LEONARD	12 NAME	
STREET ADDRESS	20515 E COUNTRY CLUB DR	13 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINBERG, WILLIAM	22 NAME	RUSSELL GALBUT
STREET ADDRESS	2301 COLLINS AVE., SUITE M-14	23 STREET ADDRESS	5601 COLLINS AVENUE
CITY-ST-ZIP	MIAMI BCH. FL	24 CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	SD	31 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAPOLSKY, JEAN	32 NAME	DR. WILLIAM ZUBKOFF
STREET ADDRESS	1608 DREXEL AVENUE	33 STREET ADDRESS	2 SOUTH HIBISCUS DRIVE
CITY-ST-ZIP	MIAMI BEACH FL	34 CITY-ST-ZIP	MIAMI BEACH, FL. 33139
TITLE	TD	41 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZER, FRANCES	42 NAME	ELLIOT KALUS
STREET ADDRESS	1575 EUCLID AVENUE	43 STREET ADDRESS	20500 W. COUNTRY CLUB DR.
CITY-ST-ZIP	MIAMI BEACH FL	44 CITY-ST-ZIP	AVENTURA, FL. 33180
TITLE	VD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINAWER, HANNAH	52 NAME	
STREET ADDRESS	6770 INDIAN CREEK DR.	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, IRWIN	62 NAME	
STREET ADDRESS	138 N.E. 2ND AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	64 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 110.07(3)(b), Florida Statute. 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: *Leonard Zilbert* DATE: 4/24/95
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #