

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 764217 (6)

1. Corporation Name
**HEBREW HOME FOR THE AGED, NORTH DADE HOUSING, INC
 CORPORATED**



Principal Place of Business Mailing Address
NG. INCORPORATED 320 COLLINS AVENUE MIAMI BEACH FL 33139

3. Date Incorporated or Qualified **07/19/1982** 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 25 Country 29 Zip 30 Country

4. FEI Number **59-0825837** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 **ZUBKOFF, DR. WILLIAM**
 82 Street Address (P.O. Box Number is Not Acceptable) **2. S. HIBISCUS DR.**
 83
 84 City **MIAMI BEACH,** FL 85 Zip Code **33139**

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 *William Zubkoff*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZILBERT, LEONARD	1.2 NAME	GALBUT, HYMAN
STREET ADDRESS	20515 E COUNTRY CLUB DR	1.3 STREET ADDRESS	4470 PINE TREE DR.
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALBUT, RUSSELL	2.2 NAME	GALBUT, RUSSELL
STREET ADDRESS	5601 COLLINS AVENUE	2.3 STREET ADDRESS	5601 COLLINS AVE.
CITY-ST-ZIP	MIAMI BCH. FL	2.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUBKOFF, WILLIAM	3.2 NAME	ZUBKOFF, DR. WILLIAM
STREET ADDRESS	2 SOUTH HIBISCUS DRIVE	3.3 STREET ADDRESS	2. S. HIBISCUS DR.
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALUS, ELLIOT	4.2 NAME	
STREET ADDRESS	20500 W. COUNTRY CLUB DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINAWER, HANNAH	5.2 NAME	
STREET ADDRESS	6770 INDIAN CREEK DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, IRWIN	6.2 NAME	
STREET ADDRESS	138 N.E. 2ND AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI 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: *Stacy...*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (3/96)