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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 768087 (9)
1. Corporation Name
THE ALEPH INSTITUTE, INC.



Principal Place of Business
~~1500~~ COLLINS AVE
2ND FL
SURFSIDE FL 33154
US

Mailing Address
P.O. BOX 547127
SURFSIDE FL 33154-7127
US

3. Date Incorporated or Qualified 04/21/1983
3a. Date of Last Report 02/02/1996

2. Principal Place of Business
21 9540 COLLINS AVE
Suite, Apt. #, etc.
22
City & State
23
Zip Country
24 25 29 30

2a. Mailing Address
26 Suite, Apt. #, etc.
27
City & State
28
Zip Country

4. FEI Number 59-2291627
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
~~STATE OFFICERS~~
~~1500 COLLINS AVE~~
~~2ND COLLINS~~
SURFSIDE FL 33154

10. Name and Address of New Registered Agent
81 Name ISAAC M. JAROSLAWICZ
82 Street Address (P.O. Box Number is Not Acceptable) 9540 COLLINS AVENUE
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]* ISAAC M. JAROSLAWICZ, V.P. 4/24/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME PD HOLTZ, DANIEL
STREET ADDRESS ~~1500~~ COLLINS AVENUE
CITY-ST-ZIP SURFSIDE FL
TITLE DELETE
NAME VPD KAHN, SONNY
STREET ADDRESS ~~1500~~ COLLINS AVENUE
CITY-ST-ZIP SURFSIDE FL
TITLE DELETE
NAME ~~STB~~ BORUCH, DUCHMAN
STREET ADDRESS ~~1500~~ COLLINS AVENUE
CITY-ST-ZIP SURFSIDE FL
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 Change Addition
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 9540 COLLINS AVENUE
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS 9540 COLLINS AVENUE
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME ST
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME VP ISAAC M. JAROSLAWICZ
4.3 STREET ADDRESS 9540 COLLINS AVE
4.4 CITY-ST-ZIP SURFSIDE, FL 33154
5.1 TITLE Change Addition
5.2 NAME VP RONARD KRIGEL
5.3 STREET ADDRESS 9540 COLLINS AVE
5.4 CITY-ST-ZIP SURFSIDE, FL 33154
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 *[Signature]* ISAAC M. JAROSLAWICZ, V.P. 305-864-1543 4/24/97

CR2E037 (9/96)