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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768087 (9)

1. Corporation Name
THE ALEPH INSTITUTE, INC.



Principal Place of Business		Mailing Address	
9540 COLLINS AVE 2ND FL SURFSIDE FL 33154 US		P.O. BOX 547127 SURFSIDE FL 33154 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	04/21/1983	
4. FEI Number	59-2291627	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JAROSLAWIEZ, ISAAC M
9540 COLLINS AVENUE
SURFSIDE FL 33154

10. Name and Address of New Registered Agent

81 Name	JAROSLAWICZ, ISAAC M
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

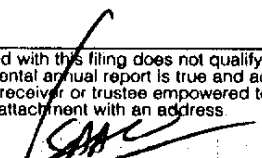
12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLTZ, DANIEL	
STREET ADDRESS	9540 COLLINS AVENUE	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KAHN, SONNY	
STREET ADDRESS	9540 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BORUCH, DUCHMAN	
STREET ADDRESS	9540 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JAROSLAWIEZ, ISAAC M	
STREET ADDRESS	9540 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KRIGEL, RONALD	
STREET ADDRESS	9540 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JAROSLAWICZ, ISAAC M
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CHAIRMAN
6.3 STREET ADDRESS	LIPSKAR, SHOLOM D.
6.4 CITY-ST-ZIP	9540 COLLINS AVE. SURFSIDE, FL 33154

14. I 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:  **Isaac Jaroslawicz** 4/20/98

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CR2E037 (10/97)