

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **769333** (6)  
1. Corporation Name  
**BETH JACOB HIGH SCHOOL, INC.**



Principal Place of Business: C/O GUILLERMO SOSTCHIN. ESO 620 75TH STREET MIAMI BEACH FL 33141  
Mailing Address: C/O GUILLERMO SOSTCHIN. ESO 620 75TH STREET MIAMI BEACH FL 33141

3. Date Incorporated or Qualified: 07/13/1983  
3a. Date of Last Report: 05/30/1995  
4. FEI Number: 59-2335606  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.  
City & State  
Zip Country

9. Name and Address of Current Registered Agent  
**LEIZERSON, EPHRAIM, RABBI**  
**1201 N.E. 176TH TERRACE**  
**NORTH MIAMI BEACH FL 33182**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): **670 N.E. 176 ST.**  
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	DT	<input type="checkbox"/> DELETE
NAME	BLATT, JEFFREY	
STREET ADDRESS	3556 FLAMINGO DR	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SOSTCHIN, MR GERSHON	
STREET ADDRESS	2318 N BAY RD	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LAMPERT, ARI	
STREET ADDRESS	4465 MERIDIAN AVE	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LEIZERSON, EPHRAIM	
STREET ADDRESS	1201 N.E. 176TH TERRACE	
CITY - ST - ZIP	N MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	PRINCIPAL LEIZERSON, EPHRAIM
4.3 STREET ADDRESS	670 N.E. 176 ST.
4.4 CITY - ST - ZIP	NMB 33162
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 type="checkbox"/> 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 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: *Guillermo Sostchin* Date: *2-27-96* Daytime Phone #: *(305) 865-0763*

CR2E037 (12/95)