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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

769333 DOCUMENT #

1. Corporation Name

(6)

BETH JACOB HIGH SCHOOL, INC.

Principal Place of Business									
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MIAMI BEACH FL 33141		MIAMI BEACH FL 33	8141	- D-1-	Incorporated as 1	Tualified	3a. Date of La	st Report	
				3. Date	Incorporated or 17/13/1983	CHRISTIN	3a. Date of La 05/30/	1995	1
2. Principal Place of Business		2a. Mailing Address		4. FEI	9-2335606		<u> </u>	Applied F	
:i		26			972333000			Not Appli	
Suite, Apt. #, etc.		Suite, Apt. #, etc	•	5. Certi	ficate of Status D	esired	7	75 Addition e Required	
City & State		City & State		i i	tion Campaign Fir t Fund Contribution	-	1 1	.00 May E	
Zip	Country	28 Zip	Country		corporation has I				
25	· · · · · ·	29	30	Florid	da Statutes		Yes No		
9. Name an	d Address of Current Re	egistered Agent	64 N		ne and Address	of New Reg	istered Agent		
LEISTONAN FOUDAIN	DADDI			lame					
LEIZERSON, EPHRAIM			82 St	treet Address (P.O. Bo	ox Number is Not	Acceptable)			
-1201 N.E176TH TERF			83	GO NE	11/6	0/			
MOULU MINMI DEVOLI	1 5 33 102						las I	Zip Code	
			84 C	ity			FL 85	ZID COOR	
11. Pursuant to the provisions	of Sections 617.0502 and	d 617.1508, Florida St	atutes, the above-nam	ned corporation submi	ts this statement	for the purpo	se of changing i	s registered	1 office
 Pursuant to the provisions or registered agent, or bot familiar with, and accept the 	b. in the State of Florida :	Such change was auth	norized by the corborat	tion's board of directo	rs. I hereby acce	ot the appoin	irneni as registe	eu agent. i	esi I I
TENTINGS WITH, GITO GOOD,	to conganent on contract								
PICKIATUDE							DATE		
SIGNATUREStgnature, typed or pr	inted name of registered agent and			nature required when reinstatin		O TO OFFICE	DATE	TODE IN 1	2
Signature, typed or pr	inted name of registered agent and OFFICERS AND D	IRECTORS	13.		(9) (ITIONS/CHANGE	S TO OFFIC	ERS AND DIREC		
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SIGNATURE:

certify that the information indicated on this annual report or supplemental annual report is true and accurate and to oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this peport appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR