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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33141-2200
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3. Date Incorporated or Qualified 07/13/1983	3a. Date of Last Report 03/06/1996
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2. Principal Place of Business 21 1110 N.E. 163 ST. Suite, Apt. #, etc. 22 City & State 23 N.M.B. FL. Zip 24 33162	2a. Mailing Address 26 1110 N.E. 163 ST. Suite, Apt. #, etc. 27 City & State 28 N.M.B. FL. Zip 29 33162 Country 30 USA
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4. FEI Number 59-2335606	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LEIZERSON, EPHRAIM, RABBI
670 NE 176 ST
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 D	<input type="checkbox"/> DELETE
NAME DT	
STREET ADDRESS BLATT, JEFFREY	
CITY-ST-ZIP 3556 FLAMINGO DR	
MIAMI BEACH FL	
TITLE DT	<input type="checkbox"/> DELETE
NAME PD	
STREET ADDRESS SOSTCHIN, MR GERSON	
CITY-ST-ZIP 2318 N BAY RD	
MIAMI BEACH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME VPD	
STREET ADDRESS LAMPERT, ARI	
CITY-ST-ZIP 4485 MERIDIAN AVE	
MIAMI BEACH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME P	
STREET ADDRESS LEIZERSON, EPHRAIM	
CITY-ST-ZIP 670 NE 176 ST	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

DELETED OFFICER

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]** **1-29-97 (305) 957-1670**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0029788

CR2E037 (9/96)