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Jan 30 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 # **769333** (6)
1. Corporation Name
BETH JACOB HIGH SCHOOL, INC.

Principal Place of Business 1110 N.E. 163 ST. 620 75TH STREET N. MIAMI BCH FL 33162 US	Mailing Address 1110 N.E. 163 ST. 620 75TH STREET N MIAMI BCH FL 33162 US
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2. Principal Place of Business 21 1110 N.E. 163rd ST Suite, Apt. #, etc.	2a. Mailing Address 26 1110 N.E. 163 ST. Suite, Apt. #, etc.
City & State 23 N. M. B. FL.	City & State 28 N. M. B. FL.
Zip 24 33162	Country 25 USA
Zip 29 33162	Country 30 USA

3. Date Incorporated or Qualified 07/13/1983	
4. FEI Number 59-2335606	Applied For <input type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 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 Guillermo Sostchin 82 Street Address (P.O. Box Number is Not Acceptable) 2318 N. BAY RD. 83 84 City MB FL 85 Zip Code 33140

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 617.0502, Florida Statutes.

SIGNATURE *[Signature]* **Guillermo Sostchin** DATE **1-21-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	BLATT, JEFFREY
STREET ADDRESS	3556 FLAMINGO DR
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	SOSTCHIN, MR GERSHON
STREET ADDRESS	2318 N BAY RD
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	LAMPERT, ARI
STREET ADDRESS	4465 MERIDIAN AVE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	LEIZERSON, EPHRAIM
STREET ADDRESS	670 NE 176 ST
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	VTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SOSTCHIN, HENRIETTA V/T/D
1.3 STREET ADDRESS	2318 N. BAY RD
1.4 CITY-ST-ZIP	MIAMI BEACH FL.
2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SOSTCHIN, Guillermo
2.3 STREET ADDRESS	2318 N. Bay Road C/P/D
2.4 CITY-ST-ZIP	MIAMI BEACH, FL.
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LAMPERT, ARI
3.3 STREET ADDRESS	4465 MERIDIAN AVE.
3.4 CITY-ST-ZIP	MIAMI BEACH, FL
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LEIZERSON, EPHRAIM
4.3 STREET ADDRESS	670 N.E. 176 ST.
4.4 CITY-ST-ZIP	N MIAMI BEACH, FL
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 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]* **REQUIRED**

1-21-98 (305) 644-1312

CR2E037 (10/97)