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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 769333

1. Corporation Name
BETH JACOB HIGH SCHOOL, INC.

Principal Place of Business: 1110 N.E. 163 ST. N. MIAMI BCH FL 33162 US
 Mailing Address: 1110 N.E. 163 ST. N MIAMI BCH FL 33162 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/13/1983
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number - 59-2335606
22	27	Applied For - Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip Country	Zip Country	
24	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SOSTCHIN, GUILLERMO 2318 N. BAY RD. MIAMI BEACH FL 33140		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		1415-20 ST. #402	
		83	
		84 City	FL
		MIA BEACH	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSTCHIN, HENRIETTA	1.2 NAME	
STREET ADDRESS	2318 N. BAY RD	1.3 STREET ADDRESS	1415-20 ST. #402
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	M.B FL 33139
TITLE	CPD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSTCHIN, GUILLERMO	2.2 NAME	
STREET ADDRESS	2318 N. BAY ROAD	2.3 STREET ADDRESS	1415-20 ST. #402
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	M.B FL 33139
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMPERT, ARI	3.2 NAME	
STREET ADDRESS	4465 MERIDIAN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIZERSON, EPHRAIM	4.2 NAME	
STREET ADDRESS	670 NE 176 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____ DATE: 1/24/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)