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CORPORATION
ANNUAL REPORT
1995



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00751** (0)

1. Corporation Name

**HEBREW HOME FOR THE AGED OF MIAMI BEACH AND NORT
H DADE - HEBREW HOME FOUNDATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**320 COLLINS AVE.
MIAMI BEACH FL 33139** **320 COLLINS AVE.
MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified 01/05/1984	3a. Date of Last Report 01/31/1994
4. FEI Number 59-0825837	Applied For Not Applicable

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

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
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
**ZILBERT, LEONARD
20515 E. COUNTRY CLUB DR.
AVENTURA FL 33180**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Leonard Zilbert* DATE: **4/24/95**
Signature typed or printed name of registered agent and title of appointment (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GALBUT, RUSSELL W.
STREET ADDRESS	5225 COLLINS AVENUE
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	D
NAME	MENIN, BRUCE
STREET ADDRESS	5445 COLINS AVE.
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	D
NAME	VENTO, DR. ROSENDO
STREET ADDRESS	1909 SOUTHWEST 27TH AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	MAZER, FRANCES
STREET ADDRESS	1575 EUCLID AVE.
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	D
NAME	STEINBERG, WILLIAM
STREET ADDRESS	2301 COLLINS AVE., SUITE M14
CITY - ST - ZIP	N. MIAMI BEACH FL
TITLE	VD
NAME	ROTH, IRWIN
STREET ADDRESS	138 NE 2ND AVE
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	RUSSELL GALBUT
13 STREET ADDRESS	5601 COLLINS AVNEUE
14 CITY - ST - ZIP	MIAMI BEACH, FL. 33140
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	ELLIOT KALUS
43 STREET ADDRESS	20500 W. COUNTRY CLUB DR.
44 CITY - ST - ZIP	AVENTURA, FL. 33180
51 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	DR. WILLIAM ZUBKOFF
53 STREET ADDRESS	2 SOUTH HIBISCUS DR.
54 CITY - ST - ZIP	MIAMI BEACH, FL. 33139
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.073(b), 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: *Leonard Zilbert* DATE: **4/24/95**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR Date (Required Item 8)