

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N00751 (0)

1. Corporation Name  
 HEBREW HOME FOR THE AGED OF MIAMI BEACH AND NORTH DADE - HEBREW HOME FOUNDATION, INC.



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

3. Date incorporated or Qualified: 01/05/1984  
 3a. Date of Last Report: 05/01/1995

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

4. FEI Number: 59-0825837  
 Applied For:  Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  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: ZUBKOFF, DR. WILLIAM  
 82 Street Address (P.O. Box Number is Not Acceptable): 2 S. HIBISCUS DR.  
 83 City: MIAMI BEACH, FL 85 Zip Code: 33139

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: *William Zubkoff*  
 Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D GALBUT, RUSSELL W. 560f COLLINS AVENUE MIAMI BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE C D GALBUT, RUSSELL 5601 COLLINS AVE. MIAMI BEACH, FL 33139
NAME	D MENIN, BRUCE 5445 COLINS AVE. MIAMI BEACH FL	<input type="checkbox"/> DELETE	2.1 TITLE V D MENIN, BRUCE 100 LINCOLN RD. MIAMI BEACH, FL 33139
STREET ADDRESS	D VENTO, DR. ROSENDO 1909 SOUTHWEST 27TH AVE. MIAMI FL	<input checked="" type="checkbox"/> DELETE	2.2 NAME P D ZUBKOFF, DR. WILLIAM 2. S. HIBISCUS DR. MIAMI BEACH, FL. 33139
CITY - ST - ZIP	D KALUS, ELLIOT 20500 W. COUNTRY CLUB DR. AVENTURA FL	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
CITY - ST - ZIP	S ZUBKOFF, DR. WILLIAM 2 SOUTH HIBISCUS DR. MIAMI BCH FL	<input type="checkbox"/> DELETE	5.1 TITLE S D SCHWARTZ, FELICE 600 ALTON RD. MIAMI BEACH, FL. 33139
CITY - ST - ZIP	V D ROTH, IRWIN 138 NE 2ND AVE MIAMI FL	<input type="checkbox"/> DELETE	5.2 NAME 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

100001897141  
 -07/17/96--01090--029  
 \*\*\*61.25

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 119.07(3)(k), Florida Statutes, 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: *William Zubkoff*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (3/96)