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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N20574 (2)
1. Corporation Name
MIAMI BEACH JEWISH COMMUNITY CENTER, INC.



Principal Place of Business Mailing Address
4221 PINE TREE DRIVE MIAMI BEACH FL 33140-3111
4221 PINE TREE DRIVE MIAMI BEACH FL 33140-3111

3. Date Incorporated or Qualified 05/11/1987
3a. Date of Last Report 03/01/1996

2. Principal Place of Business 21 4221 Pine Tree Dr. 22 Suite, Apt. #, etc.
23 City & State Miami Beach
24 Zip 33140 25 Country USA
26. Mailing Address 26 P.O. Box 379014 27 Suite, Apt. #, etc.
28 City & State Miami, FL
29 Zip 33137 30 Country USA
4. FEI Number 59-2788834 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 [X] No

9. Name and Address of Current Registered Agent
SPILL, JOY
4221 PINE TREE DRIVE
MIAMI BEACH FL 33140
10. Name and Address of New Registered Agent
81 Name Ofelia Osin-Cohen
82 Street Address (P.O. Box Number is Not Acceptable) 4221 Pine Tree Drive
83
84 City Miami Beach, 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 617.0503, Florida Statutes.

SIGNATURE [Signature] Ofelia Osin-Cohen 3/25/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T [] DELETE	1.1 TITLE	[] Change [] Addition
NAME	HENTZ, JACQUE	1.2 NAME	
STREET ADDRESS	565 NORTH SHORE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	T [] DELETE	2.1 TITLE	[] Change [] Addition
NAME	SPILL, JOY	2.2 NAME	
STREET ADDRESS	4200 ROYAL PALM AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VPT [] DELETE	3.1 TITLE	[] Change [] Addition
NAME	BAUM, MICHAEL	3.2 NAME	
STREET ADDRESS	9 LAGORCE CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	3.4 CITY-ST-ZIP	
TITLE	VP [] DELETE	4.1 TITLE	[] Change [] Addition
NAME	ALBERT, RON	4.2 NAME	
STREET ADDRESS	4578 ROYAL PALM AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	VPT [] DELETE	5.1 TITLE	[] Change [] Addition
NAME	SINGER, BRUCE	5.2 NAME	
STREET ADDRESS	6461 PINE TERR DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL 33141	5.4 CITY-ST-ZIP	
TITLE	VP [] DELETE	6.1 TITLE	[] Change [] Addition
NAME	OXIOS, CARLA	6.2 NAME	
STREET ADDRESS	115 W 3RD CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	6.4 CITY-ST-ZIP	

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 change is on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE REQUIRED
Date 3/25/97 Daytime Phone # 0028578

CP2E037 (9/96)