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Jan 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 # N34815 (3)

1. Corporation Name

MAGEN DAVID CONGREGATION OF FLORIDA, INC.



Principal Place of Business

Mailing Address

C/O LEE MILICH P.A.
11900 BISCAYNE BLVD. 809
NORTH MIAMI BEACH FL 33181

C/O LEE MILICH P.A.
11900 BISCAYNE BLVD. 809
NORTH MIAMI BEACH FL 33181-2706

3. Date Incorporated or Qualified

10/20/1989

3a. Date of Last Report

04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0158475

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

10. Name and Address of New Registered Agent

MILICH, LEE
19000 BISCAYNE BLVD
SUITE 809
NORTH MIAMI FL 33181

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME CHERA, STANLEY
STREET ADDRESS 19667 TURNBERRY WAY
CITY-ST-ZIP N MIAMI BEACH FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VSD DELETE
NAME JEMAL, JACK
STREET ADDRESS 19707 TURNBERRY WAY
CITY-ST-ZIP N MIAMI BEACH FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD DELETE
NAME SHAMAH, AVE.
STREET ADDRESS 19707 TURNBERRY
CITY-ST-ZIP N MIAMI BEACH FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME DUSHEY, JACK
STREET ADDRESS 16 E 40TH ST
CITY-ST-ZIP NEW YORK NY

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME ASHEAR, MORRIS
STREET ADDRESS 1299 MAIN ST
CITY-ST-ZIP RAHWAY NJ

5.1 TITLE Change Addition
5.2 NAME ASHEAR, MORRIS
5.3 STREET ADDRESS 718 Ave O
5.4 CITY-ST-ZIP (Bklyn) NY 11230

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 changed, or on an attachment with an address.

SIGNATURE: *Morris E. Ashear* (MORRIS E. ASHEAR)

718-236-5905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033516

CR2E037 (9/96)