

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N37338 (3)

1. Corporation Name
JEWISH LEADERSHIP INSTITUTE, INC.



Principal Place of Business Mailing Address
**% MAYER ABRAMOWITZ
1330 CLEVELAND ROAD
MIAMI BEACH FL 33141-1713**

3. Date Incorporated or Qualified **03/28/1990** 3a. Date of Last Report **09/15/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0180927	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip Country	28. Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
B & C CORPORATE SERVICES, INC. 201 S. BISCAYNE BLVD. STE. 3000 MIAMI FL 33131		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: *Mike Segal* DATE: **2-5-96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMOWITZ, MAYER	1.2 NAME	ABRAMOWITZ, MAYER
STREET ADDRESS	1330 CLEVELAND RD	1.3 STREET ADDRESS	1330 CLEVELAND ROAD
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABRAMOWITZ, RACHEL	2.2 NAME	ABRAMOWITZ, DAVID
STREET ADDRESS	1330 CLEVELAND RD	2.3 STREET ADDRESS	4525 NAUTILUS DRIVE
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPPENHEIMER, DAHLIA	3.2 NAME	
STREET ADDRESS	4645 N. BAY RD	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	SEGAL, MIKE	4.2 NAME	
STREET ADDRESS	201 S. BISCAYNE BLVD., STE. 3000	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	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 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. 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: *David Abramowitz* DATE: **2/1/96** DAYTIME PHONE #: **305-374-1974**
(NOTE: Registered Agent signature required when reinstating)

CR2E037 (12/95)