

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 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 # N93000005454 (4)

1. Corporation Name

YOUNG ISRAEL OF AVENTURA INC.



Principal Place of Business

Mailing Address

2856 AVENTURA BLVD.
AVENTURA FL 33180

2856 AVENTURA BLVD.
AVENTURA FL 33180-3118

3. Date Incorporated or Qualified
12/03/1993

3a. Date of Last Report
02/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0454808

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

24

25

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

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

GOLDMAN, JEROME
20281 EAST COUNTRY CLUB DR
AVENTURA FL 33180

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 VPD
NAME STURTZ, NOEL
STREET ADDRESS 20185 E. COUNTRY CLUB DRIVE #303
CITY-ST-ZIP AVENTURA FL

1.1 TITLE PRESIDENT-DIRECTOR
1.2 NAME JEROME GOLDMAN
1.3 STREET ADDRESS 20281 E. COUNTRY CLUB DR- #1715
1.4 CITY-ST-ZIP AVENTURA, FL 33180

TITLE VPD
NAME BERSSON, DAVID
STREET ADDRESS 19707 TURNBERRY WAY
CITY-ST-ZIP N. MIAMI BEACH FL

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

TITLE VPD
NAME BRENNER, MICHAEL
STREET ADDRESS 3300 NE 192ND STREET #807
CITY-ST-ZIP AVENTURA FL

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

TITLE STD
NAME STERENTAL, PAUL
STREET ADDRESS 19195 MYSTIC POINT DRIVE
CITY-ST-ZIP N. MIAMI BEACH FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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)(l), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2 7/97

Date

954-976-6260

Daytime Phone # 0033453

CR2E037 (9/96)