

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90185 031 ****61.25

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1. Corporation Name

DEAN/KLUGER JUDAIC COLLECTION, INC.

Principal Place of Business

201 S. BISCAYNE BLVD.
STE 1470 MIAMI CENTER
MIAMI FL 33131
US

Mailing Address

201 S. BISCAYNE BLVD.
STE 1970 MIAMI CENTER
MIAMI FL 33131
US



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 1700

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 1700

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

12/22/1993

4. FEI Number

65-0470276

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

9. Name and Address of Current Registered Agent

KLUGER, ALAN J
100 CHOPIN PLAZA
SUITE 1970
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 Suite 1700

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

TITLE D ☐ DELETE
NAME ROSENFELD, ALVIN H.
STREET ADDRESS UNIVERSITY OF INDIANA GOODBODY HALL 38
CITY-ST-ZIP BLOOMINGTON IN

TITLE D ☐ DELETE
NAME GRAY, ANITA
STREET ADDRESS 16800 PARKLAND DR.
CITY-ST-ZIP SHAKER HEIGHTS OH

TITLE D ☐ DELETE
NAME KOHN, RONALD
STREET ADDRESS 3645 NW 50TH STREET
CITY-ST-ZIP MIAMI FL 33142

TITLE D ☐ DELETE
NAME KLUGER, ALAN J.
STREET ADDRESS 20023 NE 19TH PL
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE
NAME DEAN, AMY N.
STREET ADDRESS 20023 NE 19TH PL
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 12500 S.W. 68th Court
3.4 CITY-ST-ZIP Miami, FL 33156

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 2600 Island Blvd., Apt. 2402
4.4 CITY-ST-ZIP Aventura, FL 33160

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 2600 Island Blvd., Apt. 2402
5.4 CITY-ST-ZIP Aventura, FL 33160

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99 305/379-9000

Date

Daytime Phone #

CR2E037 (11/98)