

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N94000004320 (7)**

1. Corporation Name

**BET SHIRA ENDOWMENT FOUNDATION, INC.**

Principal Place of Business

Mailing Address

7500 S.W. 120TH ST.  
MIAMI FL 33156

7500 S.W. 120TH ST.  
MIAMI FL 33156

3. Date Incorporated or Qualified

3a. Date of Last Report

09/01/1994

4. FEI Number

Applied For

65-0525420

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

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

TESCHER, GAIL S  
7500 S.W. 120TH ST.  
MIAMI FL 33156

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	ROTH, NEAL A
STREET ADDRESS	7229 S.W. 102ND ST.
CITY - ST - ZIP	MIAMI FL 33156
TITLE	D
NAME	ASBEL, ELLIOT
STREET ADDRESS	15345 S.W. 77TH CT.
CITY - ST - ZIP	MIAMI FL 33157
TITLE	D
NAME	KANTOR, DEBRA
STREET ADDRESS	6700 S.W. 132ND ST.
CITY - ST - ZIP	MIAMI FL 33156
TITLE	D
NAME	MANNERS, RICHARD
STREET ADDRESS	12821 S.W. 70TH AVE.
CITY - ST - ZIP	MIAMI FL 33156
TITLE	D
NAME	NACHWALTER, MICHAEL
STREET ADDRESS	5920 S.W. 116TH ST.
CITY - ST - ZIP	MIAMI FL 33156
TITLE	D
NAME	APPLEBAUM, RAY
STREET ADDRESS	11841 S.W. 57TH CT.
CITY - ST - ZIP	MIAMI FL 33156

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KANTOR, DEBRA
3.3 STREET ADDRESS	CORRECTION
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

*Debra Kantor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

305 234-2601