

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 # **N94000004320 (7)**
1. Corporation Name

BET SHIRA ENDOWMENT FOUNDATION, INC.



Principal Place of Business: 7500 S.W. 120TH ST. MIAMI FL 33156
Mailing Address: 7500 S.W. 120TH ST. MIAMI FL 33156

3. Date Incorporated or Qualified: 09/01/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0526420
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent
**TESCHER, GAIL S
7500 S.W. 120TH ST.
MIAMI FL 33156**

10. Name and Address of New Registered Agent (81-85)

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROTH, NEAL A	
STREET ADDRESS	7229 S.W. 102ND ST.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ASBEL, ELLIOT	
STREET ADDRESS	15345 S.W. 77TH CT.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KANTER, DEBRA	
STREET ADDRESS	6700 S.W. 132ND ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANNERS, RICHARD	
STREET ADDRESS	12621 S.W. 70TH AVE.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NACHWALTER, MICHAEL	
STREET ADDRESS	5920 S.W. 116TH ST.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	APPLEBAUM, RAY	
STREET ADDRESS	11841 S.W. 57TH CT.	
CITY-ST-ZIP	MIAMI FL 33156	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Jeffrey Feiler		
1.3 STREET ADDRESS	8441 SW 114 St.		
1.4 CITY-ST-ZIP	Miami, FL 33156		
2.1 TITLE	Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Jeremy Larkin		
2.3 STREET ADDRESS	7901 SW 143 St.		
2.4 CITY-ST-ZIP	Miami FL 33158		
3.1 TITLE	Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Neal Farr		
3.3 STREET ADDRESS	8190 SW 108 St.		
3.4 CITY-ST-ZIP	Miami, FL 33156		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(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: Jeffrey Feiler DATE: 2/9/96 DAYTIME PHONE #: 305/238-2601

CR2E037 (12/95)