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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000597 (1)

RABBI ISAAC LURIA SYNAGOGUE, INC.



Principal Place of Business 250 180TH DRIVE SUITE 459 NORTH MIAMI BEACH FL 33160	Mailing Address 250 180TH DRIVE SUITE 459 NORTH MIAMI BEACH FL 33160
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3. Date Incorporated or Qualified
02/03/1997

4. FEI Number
65-0728405

Applied For	Not Applicable
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2. Principal Place of Business 21 2505 FLAMINGO DR.	2a. Mailing Address 26 2505 FLAMINGO DR.
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6. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State 23 MIAMI BEACH FL	City & State 28 MIAMI BEACH FL
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7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip 24 33140	Country 25 DADE	Zip 29 33140	Country 30 DADE
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**WERNICK, NISSIM RABBI
 250 180TH DRIVE
 SUITE 459
 NORTH MIAMI BEACH FL 33160**

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	

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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WERNICK, NISSIM RABBI 250 180TH DRIVE, STE 459 NORTH MIAMI BEACH FL 33160	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD WERNICK, NISSIM RABBI 2505 FLAMINGO DR. MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WERNICK, SHOSHANA 250 180TH DRIVE, STE 459 NORTH MIAMI BEACH FL 33160	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SD WERNICK, SHOSHANA 2505 FLAMINGO DR. MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WITT, DAVID 250 180TH DRIVE, STE 459 NORTH MIAMI BEACH FL 33160	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD WITT, DAVID 2505 FLAMINGO DR. MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 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.

SIGNATURE: *[Signature]* **3/31/98**

CR2E037 (10/97)