


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 21 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 # P24703 (1)

1. Corporation Name
ANTI-DEFAMATION LEAGUE OF B'NAI B'RITH, INCORPORATED



Principal Place of Business 2 SOUTH BISCAYNE BLVD. STE. 2650 MIAMI FL 33131-1802 US	Mailing Address 2 SOUTH BISCAYNE BLVD STE 2650 MIAMI FL 33131-1802 US
---	---

3. Date Incorporated or Qualified 06/12/1989	3a. Date of Last Report 08/07/1996
--	--

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---	---

4. FEI Number 13-1818723	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	------------------------------------

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
--

9. Name and Address of Current Registered Agent

**TEITELBAUM, ARTHUR N
2 SOUTH BISCAYNE BLVD
STE. 2650
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 City	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALBERG, MELVIN	1.2 NAME	
STREET ADDRESS	600 THIRD AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRASSLER, DAVID	2.2 NAME	
STREET ADDRESS	321 MAIN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	GR BARRINGTON MA	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, IRVING	3.2 NAME	
STREET ADDRESS	C/O SULLIVANS, RTS 17 AND 52	3.3 STREET ADDRESS	
CITY-ST-ZIP	LIBERTY NY 12754	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAFTALY, ROBERT	4.2 NAME	
STREET ADDRESS	600 EAST LAFAYETTE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOXMAN, ABRAHAM H.	5.2 NAME	
STREET ADDRESS	823 UNITED NATIONS PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLNER, PETER T	6.2 NAME	
STREET ADDRESS	823 UNITED NATIONS PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	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)(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 of this report.

CR2E037 (9/96)