SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 28 PM 1:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N94000004337 (1)**

1. Corporation Name
BAIS MEDRASH OF SOUTH FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1190 NE 176TH ST NORTH MIAMI BEACH FL 33162	1190 NE 176TH ST NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified: 09/02/1994
3a. Date of Last Report:
4. FEI Number: 650517570 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHAMES, DEBORAH S ESQ
1428 BRICKELL AVE
6TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: MICHAEL B. CHESAL
82 Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Blvd
83: Suite 1970
84 City: MIAMI FL 85 Zip Code: 33131

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] 7/20/95
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	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	CHESSEL, MICHAEL	12 NAME	CHESAL, MICHAEL	
STREET ADDRESS	1190 NE 176TH ST	13 STREET ADDRESS	201 S. Biscayne Blvd, Suite 1970	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	14 CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	DV	21 TITLE	DV	☒ Change ☐ Addition
NAME	BRAUSER, JOEL	22 NAME	Joel Brauser	
STREET ADDRESS	1190 NE 176TH ST	23 STREET ADDRESS	5130 N. Hills Dr	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	24 CITY-ST-ZIP	Hollywood FL 33021	
TITLE	T	31 TITLE	TD	☒ Change ☐ Addition
NAME	BERKSON, CAROL	32 NAME	Joseph Rubenfeld	
STREET ADDRESS	1190 NE 176TH ST	33 STREET ADDRESS	3324 S.W. 72nd PL	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	34 CITY-ST-ZIP	Ft Laud FL 33312	
TITLE	DS	41 TITLE		☐ Change ☐ Addition
NAME	YACHNES, AVROHOM RABBI	42 NAME		
STREET ADDRESS	1190 NE 176TH ST	43 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	44 CITY-ST-ZIP		
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	Sammy TAMIR	
STREET ADDRESS		53 STREET ADDRESS	1700 NE 168 PL	
CITY-ST-ZIP		54 CITY-ST-ZIP	N. Miami Beach FL 33162	
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	Dr. Michael PARITZKY	
STREET ADDRESS		63 STREET ADDRESS	955 NE 173rd St	
CITY-ST-ZIP		64 CITY-ST-ZIP	N. Miami Beach FL 33162	

CR2E037 (3/95)

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)(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] Michael B. Chesal 7/20/95 (305) 358-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000893