

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 768087 (9)

1. Corporation Name
THE ALEPH INSTITUTE, INC.



Principal Place of Business: 9500 COLLINS AVE, 2ND FL, SURFSIDE FL 33154 US
Mailing Address: P.O. BOX 547127, SURFSIDE FL 33154 US

3. Date Incorporated or Qualified: 04/21/1983
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2291627
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) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
SHNEUR Z. KATZ, SHNEVAZ
~~8540 COLLINS AVENUE~~
9500 COLLINS
SURFSIDE FL 33154

10. Name and Address of New Registered Agent
81 Name: **KATZ SHNEUR Z.**
82 Street Address (P.O. Box Number is Not Acceptable): **9500 COLLINS AVE**
83
84 City: **SURFSIDE** FL 85 Zip Code: **33154**

TYPOS CORRECTED SAME INDIVIDUAL

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 officer 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	MOLTZ, DANIEL	
STREET ADDRESS	9500 COLLINS AVENUE	
CITY - ST - ZIP	SURFSIDE FL	
TITLE	VPD	<input type="checkbox"/>
NAME	KAHN, SONNY	
STREET ADDRESS	4500 COLLINS AVENUE	
CITY - ST - ZIP	SURFSIDE FL	
TITLE	STD	<input type="checkbox"/>
NAME	BORUCH, DUCHMAN	
STREET ADDRESS	9500 COLLINS AVENUE	
CITY - ST - ZIP	SURFSIDE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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: *[Signature]* Boruch Duchman, Pres. 1/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)