SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Aug 07 1996 8:00 am
Secretary of State

DOCUMENT # **P24703** **(1)**

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

Principal Place of Business	Mailing Address
~~150 S.E. SECOND AVENUE~~ 2 S. BISCAYNE BLVD. ~~SUITE 800~~ SUITE 2650 MIAMI FL 33131-1802	~~150 S.E. SECOND AVENUE~~ 2 S. BISCAYNE BLVD ~~SUITE 800~~ SUITE 2650 MIAMI FL 33131-1802

3. Date Incorporated or Qualified: 06/12/1989
3a. Date of Last Report: 03/06/1995

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

4. FEI Number: 13-1818723 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

TEITELBAUM, ARTHUR
~~150 S.E. SECOND AVENUE~~ 2 S. BISCAYNE Blvd.
SUITE ~~800~~ 2450
MIAMI FL 33131-1802

10. Name and Address of New Registered Agent

81 Name: ARTHUR N. TEITELBAUM
82 Street Address (P.O. Box Number is Not Acceptable): 2 SOUTH BISCAYNE BLVD.
83: SUITE 2650
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 _____ 8/1/96
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	☐ DELETE	1.1 TITLE	☐ Change ☐ 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	☐ DELETE	2.1 TITLE	☐ Change ☐ 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	☐ DELETE	3.1 TITLE	☐ Change ☐ 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	☐ DELETE	4.1 TITLE	☐ Change ☐ 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	☐ DELETE	5.1 TITLE	☐ Change ☐ 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	☐ DELETE	6.1 TITLE	☐ Change ☐ 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	

CR2E037 (3/96)

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 REQUIRED 7/25/96 212 885-7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #