


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 28 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 768087 (9)**

1. Corporation Name  
**THE ALEPH INSTITUTE, INC.**



Principal Place of Business		Mailing Address	
9540 COLLINS AVE 2ND FL SURFSIDE FL 33154 US		P.O. BOX 547127 SURFSIDE FL 33154 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	26	04/21/1983	59-2291627
22	27	5. Certificate of Status Desired	Applied For
23	28	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Not Applicable
24	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	30	7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**JAROSLAWIEZ, ISAAC M**  
**9540 COLLINS AVENUE**  
**SURFSIDE FL 33154**

10. Name and Address of New Registered Agent

81 Name **JAROSLAWICZ, ISAAC M**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

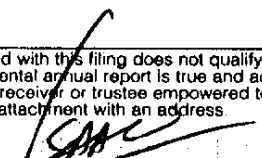
12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>HOLTZ, DANIEL</b>	
STREET ADDRESS	<b>9540 COLLINS AVENUE</b>	
CITY-ST-ZIP	<b>SURFSIDE FL</b>	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	<b>KAHN, SONNY</b>	
STREET ADDRESS	<b>9540 COLLINS AVE</b>	
CITY-ST-ZIP	<b>SURFSIDE FL</b>	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	<b>BORUCH, DUCHMAN</b>	
STREET ADDRESS	<b>9540 COLLINS AVE</b>	
CITY-ST-ZIP	<b>SURFSIDE FL</b>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>JAROSLAWIEZ, ISAAC M</b>	
STREET ADDRESS	<b>9540 COLLINS AVE</b>	
CITY-ST-ZIP	<b>SURFSIDE FL</b>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>KRIGEL, RONALD</b>	
STREET ADDRESS	<b>9540 COLLINS AVE</b>	
CITY-ST-ZIP	<b>SURFSIDE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>JAROSLAWICZ, ISAAC M</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>CHAIRMAN</b>
6.3 STREET ADDRESS	<b>LIPSKAR, SHOLOM D.</b>
6.4 CITY-ST-ZIP	<b>9540 COLLINS AVE.</b> <b>SURFSIDE, FL 33154</b>

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:**  **Isaac Jaroslawicz** 305 864 5553 4/20/98

CR2E037 (10/97)