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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004337

1. Corporation Name

BAIS MEDRASH OF SOUTH FLORIDA, INC.

Principal Place of Business

1190 NE 176TH ST
NORTH MIAMI BEACH FL 33162

Mailing Address

1190 NE 176TH ST
NORTH MIAMI BEACH FL 33162



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/02/1994

4. FEI Number

65-0517570

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

9. Name and Address of Current Registered Agent

CHESAL, MICHAEL B
201 S. BISCAYNE BLVD
SUITE 1970
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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME CHESAL, MICHAEL
STREET ADDRESS 201 S. BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL

TITLE DV ☐ DELETE

NAME BRAUSER, JOEL
STREET ADDRESS 5130 N. HILLS DR.
CITY-ST-ZIP HOLLYWOOD FL

TITLE D ☐ DELETE

NAME TILLES, DAVID
STREET ADDRESS 801 S SURF RD
CITY-ST-ZIP HOLLYWOOD FL

TITLE DS ☐ DELETE

NAME YACHNES, AVROHOM RABBI
STREET ADDRESS 1190 NE 176TH ST
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE D ☐ DELETE

NAME TAMIR, SAMMY
STREET ADDRESS 17020 NE 8TH PL
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE D ☐ DELETE

NAME PARITZKY, MICHAEL D
STREET ADDRESS 955 NE 173RD ST.
CITY-ST-ZIP N. MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Avrohom Yachnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 (305) 652 3447
Date Daytime Phone #

CR2E037 (11/98)