FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 354414

(5)

NATION	nal Hebrew-Israeli Gii	FT CENTER, INC.						
Principal Plac	e of Business	Maiting Address				(D) B(B)) B(B)) B(B		
518 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140 S18 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140					DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified			
					10/27/1969			
2. Principal Place of Business 2a. Mailing Address				 ·	4. FEI Number		Ar	oplied For
21		26			59-1274735			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A Fee Re	Additional equired
City & Stati	е	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zıp	Country Z(p		Country	5. This corporation owes of his paid the c				
24	25 29 30 9. Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
KV.		ant wedistered when	81	Name	10. Name and Address of New Ad	eðisreilen viða	<u>ли</u>	
KOOT, HANA 353 W. 47TH AVENUE			<u></u>	<u> </u>	(0.0 B. N. al-	- I-\		
MIAMI BEACH FL 33140			82	Street Addre	ess (P.O. Box Number is Not Accepta	DIB)		
			83					
				City		FL	35 Zip (Code
11. Pursuant office or r	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and account the ob-	1502 and 607,1508, Florida Statuate of Florida Such change was	ites, the above	e-named corp y the corporati	oration submits this statement for the on's board of directors. I hereby acce	purpose of chept the appoint	anging it	s registered registered
SIGNATURE	Signature, typed or printed name of registered					DATE		
12.		AND DIRECTORS	13.	ent signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFI		RECTOR	IS IN 12
TITLE	DPS						Change	Addition
NAME	KOOT, HANA	1.2 N						
STREET ADORESS	353 W 47TH AVENUE	1 1		ADDRESS				
CITY-ST-ZIP TITLE	MIAMI BEACH FL 33140		1.4 CITY-5 2.1 TITLE	ST-ZIP			Change	Addition
NAME	——————————————————————————————————————		2.2 NAME				Origingo	
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CITY-					_
TITLE	DELETE 31		3.1 TIFLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	·· I]
CITY+ST-ZIP			3.4. CITY-:	ST-ZIP			Change	Addition
TITLE NAME	<u> </u>		4.1 TITLE 4.2 NAME	1		لـــا	Change	☐ VOOUTOIL
STREET ADDRESS			4.3 STREET	ADORESS				
CITY-ST-ZIP			4.4 CITY - S	Į				}
TITLE			5 1 TITLE				Change	Addition
NAME			5.2 NAME					ļ
STREET ADDRESS			5.3 STREET]
CITY-ST-ZIP		T perses	5.4 CITY-S	T-ZIP			Observe	
TITLE		☐ DELETE	6.1 TITLE	ĺ		Ц	Change	Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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- KENS (10/97)

FILED

Apr 28 1998 8:00am

Secretary of State