

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 # 701428 (5)

1. Corporation Name
TEMPLE MENORAH INC.



Principal Place of Business: 620 75TH ST MIAMI BEACH FL 33141 US
Mailing Address: 620 75TH ST MIAMI BEACH FL 33141

3. Date Incorporated or Qualified: 09/14/1960
3a. Date of Last Report: 02/28/1995
4. FEI Number: 59-0737892
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 (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country
25. Zip Country
26. Suite, Apt. #, etc.
27. City & State
28. Zip Country
29. Zip Country
30. Zip Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name: **GEORGE MINSEI BEDZOW KORN. P.A.**
82 Street Address (P.O. Box Number is Not Acceptable): **20803 BISCAYNE BLVD.**
83 **2ND FLOOR**
84 City: **MIAMI** FL 85 Zip Code: **33179**

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		DELETED
TITLE	TD	<input type="checkbox"/>
NAME	HERSHKOWITZ, IGOR	
STREET ADDRESS	7745 NOREMAC AVENUE	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/>
NAME	LINN, JAY HOWARD	
STREET ADDRESS	1211 97TH ST.	
CITY - ST - ZIP	BAY HARBOR FL 33154	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	KOLKER, ELENA	
STREET ADDRESS	1375 DAYTONA RD	
CITY - ST - ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 1996		CHANGED	ADDED
1.1 TITLE	TREASURER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	ISAAC AATZ		
1.3 STREET ADDRESS	6550 ALLY SW. RD.		
1.4 CITY - ST - ZIP	MIAMI BEACH, FLA 33141		
2.1 TITLE	PD.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	SALOMON MEZVADOVITZ		
2.3 STREET ADDRESS	1792 CLEVELAND RD		
2.4 CITY - ST - ZIP	MIAMI BEACH, FLA 33141		
3.1 TITLE	ROSALIND LANES. SEC.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	S465 PINE TREE DR.		
3.3 STREET ADDRESS	MIAMI BEACH, FLA 33140		
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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, and 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 signature appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* PRESIDENT. 2/2/96 305-864-389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **SALOMON MEZVADOVITZ** Daytime Phone #