

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 Mailing Address
620 75TH ST MIAMI BEACH FL 33141 US

3. Date Incorporated or Qualified **09/14/1960** 3a. Date of Last Report **02/28/1995**

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

4. FEI Number **59-0737892** 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
**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name **GEORGE MINSKI 90 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.
GEORGE MINSKI REGISTER AGENT. 3/18/96

SIGNATURE *[Signature]*
Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating
DATE **3/18/96**

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HERSHKOWITZ, IGOR	
STREET ADDRESS	7745 NOREMAC AVENUE	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LINN, JAY HOWARD	
STREET ADDRESS	1211 97TH ST.	
CITY - ST - ZIP	BAY HARBOR FL 33154	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KOLKER, ELENA	
STREET ADDRESS	1375 DAYTONA RD	
CITY - ST - ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996

1.1 TITLE	TREASURER	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
1.2 NAME	ISAAC MATZ		
1.3 STREET ADDRESS	6150 ALLYSON RD.		
1.4 CITY - ST - ZIP	MIAMI BEACH, FL 33141		
2.1 TITLE	PD.		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
2.2 NAME	SALOMON MEZVADODITZ		
2.3 STREET ADDRESS	1795 EICHELAND RD		
2.4 CITY - ST - ZIP	MIAMI BEACH, FL 33141		
3.1 TITLE	ROSALIND LANES, SEC. SD		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
3.2 NAME	5465 PINE TREE DR.		
3.3 STREET ADDRESS	MIAMI BEACH, FL 33140		
3.4 CITY - ST - ZIP			<input type="checkbox"/> Change
4.1 TITLE			<input type="checkbox"/> Change
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			<input type="checkbox"/> Change
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			<input type="checkbox"/> Change
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

*** Deposited by Bank**

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; 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 no change of officers or directors, or on an attachment with an address, appears in Block 12 or Block 13.

SIGNATURE: *[Signature]* PRESIDENT. 2/2/96 305-864-38...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **SALOMON MEZVADODITZ**
DATE: **2/2/96** DAYTIME PHONE # **305-864-38...**