

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

Non Profit CS.
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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, FLA 33141
620-75TH ST MIAMI BEACH, FLA 33141

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	09/14/1960		2/28/1996
4.	FEI Number		Applied For
	59-0737892		No Applicable
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 193.032 Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM.
1200 S. PINE ISLAND RD.
DANIA BEACH, FL 33324.

10. Name and Address of New Registered Agent
81 Name: GEORGE MINSKI / JOBEVZOW KORNI 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 607.007 and 607.1508, 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 607.0505, Florida Statutes.
Signature: [Signature] GEORGE MINSKI. 3/29/96

12. OFFICERS AND DIRECTORS

TITLE	TD.	<input checked="" type="checkbox"/> DELETE
NAME	HERSHEWITZ 1602	
STREET ADDRESS	7745 MORENO AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	PO	<input checked="" type="checkbox"/> DELETE
NAME	LINA JAY HOWARD	
STREET ADDRESS	1211 97TH ST	
CITY-ST-ZIP	BAY HARBOR FLA 33154	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROIKER ELENA	
STREET ADDRESS	1375 DAYTONA RD.	
CITY-ST-ZIP	MIAMI BEACH FLA 33141	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 12

11 TITLE	TREASURER. TD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ISAAC MATZ	
13 STREET ADDRESS	6340 ALLYSON RD.	
14 CITY-ST-ZIP	MIAMI BEACH, FLA 33141	
21 TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SALOMKA NEVADOVITZ	
23 STREET ADDRESS	1792 CLEVELAND RD.	
24 CITY-ST-ZIP	MIAMI BEACH, FLA 33141	
31 TITLE	ROSALDO LAMES SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	5965 PINE TREE DR	
33 STREET ADDRESS	MIAMI BEACH, FLA 33140	
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

Deposited by bank 61.85

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. 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.

SIGNATURE: [Signature] PRESIDENT. 3/29/96 305-866-0221
Signature and typed or printed name of signing officer or director
CS 4/1/96

CR2E034 (12/95)