

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 18 1998 8:00am
Secretary of State**



FLORIDA DEPARTMENT OF STATE
Sandra B. Moore
Secretary of State
DIVISION OF CORPORATIONS

NONPROFIT CORPORATION
ANNUAL REPORT
1998

DOCUMENT # 701428 (5)
1. Corporation Name
TEMPLE MENGRAH 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	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-0737892	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 22		City & State 27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Zip 29		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country 25		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MINSKI, GEORGE 20803 BISCAYNE BLVD 2ND FLOOR MIAMI FL 33179				10. Name and Address of New Registered Agent 81 Name FISHER, SCHOLMAN A MINSKI 82 Street Address (P.O. Box Number is Not Acceptable) 4601 SHORIDAN ST. SUITE 225 83 HOLLYWOOD 84 City HOLLYWOOD FL 85 Zip Code 33064			
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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: GEORGE AINSKI (NOTE: Registered Agent signature required when reinstating) DATE: 2/12/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEWZOU, MARTIN 1630 DAYTONIA RD MIAMI BEACH FL 33141 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	1.1 TITLE PRESIDENT 1.2 NAME ROBERTO GAMBACH 1.3 STREET ADDRESS 1200 STILLWATER DR 1.4 CITY-ST-ZIP MIAMI BEACH, FLA 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEZVASOITZ, SALOMON H 1792 CLEVELAND DR MIAMI BEACH FL 33141 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	2.1 TITLE TREASURER 2.2 NAME CUTTA HOPPERT 2.3 STREET ADDRESS 9350 W BAY HARBOR, DR APT 36 2.4 CITY-ST-ZIP BAY HARBOR FLA 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANES, ROSALIND 5965 PINETREE DR MIAMI BEACH FL 33140 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	3.1 TITLE SECRETARY 3.2 NAME ROSALIND LANES 3.3 STREET ADDRESS 5965 PINETREE DR 3.4 CITY-ST-ZIP MIAMI BEACH, FLA 33140 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ROBERTO GAMBACH 2/12/98

CR2E037 (10/97)