FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 07 1997 8:00am

Secretary of State

011 937

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

CONCREGATION STAR OF IACOR INC

CONGR	REGATION STAN OF JACOB	, INC.			1 18 8 17 18 8 18 18 18 18 18 18 18 18 18 18 18 1			
Principal Place	of Business	Mailing Address						
3513 HADMOR I JERUSALEM IS		3606 FLAMINGO DR MIAMI BCH FL 33140-392	5					
U\$		US			3. Date Incorporated or Qualified 03/16/1965	3a. Date of Last Report 06/13/1996		
	ace of Business	2a. Mailing Address			4. FE! Number 59-1086821	Applied I		
Suite, Apt.		Suite, Apt. #, etc.				Not Appl		
	STRAUSS STREET	27		······································	5. Certificate of Status Desired	Fee Required		
	evsalem, I stract	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May 8 Added to Feet		
Zıp			Countr	5. This corporation has itability for intariglate tax direct s. 155.052,)32,		
24	9. Name and Address of Current	[29] 30 stered Agent			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
			81	Name				
Stern,	TIBOR H.		62	Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
3606 FLAMINGO DR MIAMI BCH FL 33140				<u> </u>				
MINNII DO	ON FL 33140		84	City		85 Zip Code		
44 6				J		FL		
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 _	Signature, typed or printed name of registered agent	and trie if annicable (NC	TE: Bonietarad A	ant signet se segui	ired when reinstating)	DATE		
12.	OFFICERS AND		13.	lant aditatora redor	ADDITIONS/CHANGES TO OFFIC		12	
TITLE	P	☐ DELETE	1.1 TITLE			**** *********************************	Addition	
NAME	STERN, PINCHAS		1.2 NAME					
STREET ADDRESS	13 HAMYASDIM		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	JERUSALEM IS		1.4 CITY-	ST-ZIP				
TITLE	VP	☐ DELETE	2.1 TITLE			Change A	Addition	
NAME	WEINER, SHIMON		2.2 NAME					
STREET ADDRESS	3513 ADMORMIROZIM		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	HARNOACE IS	DELETE	2. 4 CITY	ST-ZIP		Change A	Addition	
TITLE	ST CTCON TIDOD	FEATURE	3.1 TITLE		secby-Thens. YEHUAR (LINSLI 6. STROUSS STROUSS STROUSS	r ∟nange ∟ A	Addition	
NAME STREET ADDRESS	Stern, Tibor 3606 Flamingo Drive		3.2 NAME	T ADDRESS	HEHVAR KINSLI	naer		
CHTY-ST-ZIP	MIAMI BEACH FL 33140		3.4. CITY	CT TID	6. STROUSS S	TREPT		
TITLE	D	DELETE	4.1 TITLE	31.511	- ARRYSA Lemi	Change A	Addition	
NAME	STERN, IDELLE		4. 2 NAM	.			***	
STREET ADDRESS	3606 FLAMINGO DRIVE		4.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33140		4.4 CITY -	ST-ZIP				
TITLE	D	DELETE	5.1 TITLE			☐ Change ☐ A	Addition	
NAME	KEVELSON, ROCHELLE		5.2 NAME					
STREET ADDRESS	21 CAUSEWAY		5.3 STREE	T ADDRESS	•			
CITY-ST-7iP	LAWRENCE		5.4 CITY	ST-ZIP				
1ITLE	D	DELETÉ	6.1 TITLE			☐ Change ☐ A	Addition	
NAME	GENAUER, ALLAN		6.2 NAME	- 1				
STREET ADDRESS	400 N LAS PALMAS		6.3 STRE	T ADDRESS				
CITY-ST-ZIP	LOS ANGELES CA	with this filles do	6.4 CITY		d in Contino 440 07/0//3 First 6	an I fourth on a series of the series		
14. I do 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.								

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