APPROVED
AND
FILED

1997 JUL 15 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TOTAL P.03

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 709081

1. Corporation Name

KNESETH ISRAEL CONGREGATION OF MIAMI BEACH, FLORIDA

Principal Place of Business	Mailing Address
1415 Euclid Avenue Miami Beach, Florida 33139	1020 Meridian Avenue Apt. 706 Miami Beach, Fla. ~~33139~~

2. Principal Place of Business	2a. Mailing Address
21 1415 Euclid Avenue	26 1020 Meridian Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 ~~Apt. 706~~
City & State 23 Miami Beach, Fla.	City & State 28 Miami Beach, Fla.
Zip 24 ~~33139~~ Country 25 ~~Dade~~	Zip 29 33139 Country 30 Dade

3. Date Incorporated or Qualified

3a. Date of Last Report

4. FEI Number 59-0839557 ☐ 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

Albert Furst
1020 Meridian Avenue
Apt. 706
Miami Beach, Florida 33139

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Aaron Gold	1.2 NAME	
STREET ADDRESS	1400 Pennsylvania Ave. #54	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~Miami Beach, Florida 33139~~	1.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Sam Steinberg-1420 Penn. Ave.	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, Florida 33139	2.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Cantor Abraham Seif	3.2 NAME	
STREET ADDRESS	1339 Flamingo Way	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~Miami Beach, Florida 33139~~	3.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Albert Furst-1020 Meridian Ave.	4.2 NAME	
STREET ADDRESS	Miami Beach, Florida 33139	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Gertrude Jacknis	5.2 NAME	
STREET ADDRESS	1100-11thStreet, #403	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, Fla. 33139	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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.

SIGNATURE: Cantor Abraham Seif July10,1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Cantor Abraham Seif