

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 714303 (5)

1. Corporation Name
CONGREGATION AGUDATH ACHIM, INC.



Principal Place of Business: 19255 N.E. 3RD AVE. NO. MIAMI BEACH FL 33179
Mailing Address: 19255 N.E. 3RD AVE. NO. MIAMI BEACH FL 33179

3. Date Incorporated or Qualified: 03/25/1968
3a. Date of Last Report: 02/20/1995
4. FEI Number: 23-7371662
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent
KOCH, GLEN
1065 NE 125 ST.
SUITE 317
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent
81 Name: Philip Sobel
82 Street Address (P.O. Box Number is Not Acceptable): 20120 N.E. 2nd Avenue
83
84 City: N, 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.

SIGNATURE: *Philip Sobel* Philip Sobel May 14, 1996
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE: PD NAME: ZELLNER, MORRIS STREET ADDRESS: 245 NE 191 ST. CITY-ST-ZIP: N. MIAMI FL	<input checked="" type="checkbox"/> DELETE
TITLE: VD NAME: SOBEL, PHILIP STREET ADDRESS: 20120 NE 2ND AVE. CITY-ST-ZIP: N. MIAMI FL	<input checked="" type="checkbox"/> DELETE
TITLE: S NAME: KAPLAN, GUSTAVE STREET ADDRESS: 251 NE 187 ST. CITY-ST-ZIP: N. MIAMI FL	<input checked="" type="checkbox"/> DELETE
TITLE: D NAME: ZELEVANSKY, PHILIP STREET ADDRESS: 251 NE 187TH ST. CITY-ST-ZIP: N. MIAMI FL	<input checked="" type="checkbox"/> DELETE
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: P 1.2 NAME: Sobel, Philip 1.3 STREET ADDRESS: 20120 N.E. 2nd Avenue 1.4 CITY-ST-ZIP: N. Miami, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: T 2.2 NAME: Maler, Jozsef 2.3 STREET ADDRESS: 125 N.W. 197th Street 2.4 CITY-ST-ZIP: Miami, FL 33169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE: T 3.2 NAME: Zellner, Ruth 3.3 STREET ADDRESS: 245 N.E. 191 Street 3.4 CITY-ST-ZIP: N. Miami, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE: T 4.2 NAME: Maler, Elaine 4.3 STREET ADDRESS: 125 N.W. 197th Street 4.4 CITY-ST-ZIP: Miami, Florida 33169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE: [Blank] 5.2 NAME: [Blank] 5.3 STREET ADDRESS: 300001833773 5.4 CITY-ST-ZIP: -05/22/96--01016--007	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: ***61.25 6.2 NAME: [Blank] 6.3 STREET ADDRESS: [Blank] 6.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Philip Sobel* Phillip Sobel 5/14/96 652-2901
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CFR2E037 (12/95)