FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

CONGREGATION AGUDATH ACHIM, INC.

FILED Jun 03 1997 8:00am Secretary of State



Principal Place of Business Mailing Address									
Principal Place of Business 19255 N.E. 3RD AVE. NO. MIAMI BEACH FL 33179		Mailing Adoress 19255 N.E. 3RD AVE. NO. MIAMI BEACH FL 33179-3825							
						3. Date Incorporated or Qualified 03/25/1968	3a. Date of La 05/21,		
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For	
21		26						Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	124	75 Additional	
22		City & State					/ re	e Required	
City & State	9					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23 Zin			Zip Country			8. This corporation has liability for in		~~~	
24	25 29 30			,	or time corporation, that making the			101 3. 100.002,	
24	9. Name and Address of Currer		1001			10. Name and Address of New Reg	Istered Agent		
				81	Name		•		
SOBEL, PHILIP			}	B2	Street Addr	ddress (P.O. Box Number is Not Acceptable)			
	E 2ND AVE.		bz Street Add			ess (10. box Number is Not Nocceptable			
NORTH I		63							
HOME CONTRACTOR				84	City		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508, Florida Statu	tes, the ab	ove-	named corp	oration submits this statement for the pi ion's board of dijectors. I hereby accep	rpose of chang	ing its registered	
agent. i a	egistered agent, or both, in the State mailiar with, and accept the oblig	ations of, Section 617.0503, F	lorida Stat	utes		lated the cost of the cost	07	it as registered	
SIGNATURE SOBEL PHILIP PRESIDENT Storeture, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature rejudred When reinstating) OATE									
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	T DELETE		1.1 TiT	1.1 TITLE			∐ Cha	nge 🔲 Addition	
NAME	MALER, JOSZEF		1.2 NA	1.2 NAME					
STREET ADDRESS	125 NW 197TH ST.		1.3 ST	1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33179			1.4 CITY-ST-ZIP		سريبخ ۾ عمد	Cha	nge 🗌 Addition	
TITLE	P DELETE			2.1 TITLE		,	☐ Cha	rige L. Addition	
NAME	SOBEL, PHILIP			ME					
STREET ADDRESS	20120 NE 2ND AVE.	Compression .		2.3 STREET ADDRESS 2 4 CITY-ST-ZIP					
CITY-ST-ZIP	<u>N. MIAMI FL 33179</u>	DELETE	2 4 DI 3 1 TIT		- 2117		Cha	nge Addition	
TITLE NAME	TELLNED DITTU	,	3 2 NA		ĺ				
STREET ADDRESS	ZELLNER, RUTH 3 245 NE 191 ST.			33 STREET ADDRESS					
CITY-ST-ZIP	N. MIAMI FL 33179			34. CITY-ST-ZIP				1	
TITLE			4.1 TII		1		Cha	inge Addition	
NAME	MALER, ELAINE 4.21		4. 2 N	AME					
STREET ADDRESS	125 NW 197TH ST.		4.3 STF		ADDRESS				
CITY-ST-ZIP		HAMI FL 33169 440		TY-ST	- ZIP				
TITLE		DELETE	5.1 TI	TLE			☐ Cha	inge 🔲 Addition	
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REFT A	ADDRESS				
CITY-ST-ZIP				TY-ST	- ZIP			4.32%	
TITLE		☐ DELETE	6.1 TIT				☐ Cha	inge Addition	
NAME			6.2 NA						
STREET ADDRESS	;				ADDRESS				
CITY-ST-ZIP	hy partity that the information symptic	ad with this filing does not gue		TY-ST		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.

SOBRE PHILLP REPRESEDENTED