


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 726171 (2)
1. Corporation Name
YOUNG ISRAEL OF GREATER MIAMI, INC.



Principal Place of Business 990 N.E. 171ST STREET NORTH MIAMI BEACH FL 33162	Mailing Address 990 N.E. 171ST STREET NORTH MIAMI BEACH FL 33162
--	--

3. Date Incorporated or Qualified 04/19/1973	
4. FEI Number 59-6033985	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
---	--

9. Name and Address of Current Registered Agent
**GOTTLIEB, M.
930 N.E 177TH STREET
NORTH MIAMI BEACH FL 33162**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	PD
NAME	HERBERT WEISS	1.2 NAME	Eddie Bursztyn
STREET ADDRESS	16750 N.E. 9 AVE.	1.3 STREET ADDRESS	17790 N. E. 9 Pl.
CITY-ST-ZIP	N. MIAMI BCH. FL	1.4 CITY-ST-ZIP	N. Miami Beach, Fl.
TITLE	S	2.1 TITLE	VPD
NAME	BASIL FRIEDMAN	2.2 NAME	Jeffrey Weiss
STREET ADDRESS	17201 N.E. 11 CT.	2.3 STREET ADDRESS	17111 N. E. 11 Ave.
CITY-ST-ZIP	N. MIAMI BCH. FL	2.4 CITY-ST-ZIP	N. Miami Beach, Fl.
TITLE	TD	3.1 TITLE	S
NAME	FIELD, ERNEST	3.2 NAME	Chayim Kessler
STREET ADDRESS	17335 N.E. 12TH AVE.	3.3 STREET ADDRESS	630 NE 175 St.
CITY-ST-ZIP	N. MIAMI BCH. FL	3.4 CITY-ST-ZIP	N. Miami Beach, Fl. 33162
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE		<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: Ernest Field, Treasurer 1/15/98 (305) 651-
SIGNATURE AND TYPED OR PRINTED NAME OF RECEIVING OFFICER OR DIRECTOR

CR2E037 (10/97)