

FILE NOW: FILING FEE IS \$61.25

FILED

May 29 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 727369 (1)

1. Corporation Name

TEMPLE SAMU-EL OR OLOM, INC.

Principal Place of Business

8953 S.W. 152 AVE.  
MIAMI FL 33196

Mailing Address

8953 S.W. 152 AVE.  
MIAMI FL 33196-12063. Date Incorporated or Qualified  
09/05/19733a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

29 Country

4. FEI Number  
23-7346131Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

## 9. Name and Address of Current Registered Agent

ZELONKER, REGINA  
10040 SW 144TH ST.  
MIAMI FL 33176

## 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

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 HORWICH, MITCHELL  
STREET ADDRESS 10380 SW 121 ST.  
CITY-ST-ZIP MIAMI FL

DELETE

TITLE EV  
NAME FARBER, MARK  
STREET ADDRESS 14270 SW 106TH TERR.  
CITY-ST-ZIP MIAMI FL

DELETE

TITLE TD  
NAME SILVERMAN, SAUL  
STREET ADDRESS 8430 SW 170 TERR.  
CITY-ST-ZIP MIAMI FL

DELETE

TITLE S  
NAME CHIEFA, CYNTHIA  
STREET ADDRESS 201 S. BISCAYNE BLVD. #880  
CITY-ST-ZIP MIAMI FL

DELETE

TITLE S  
NAME ~~SCHLACHTMAN, MICHAEL~~  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE S  
5.2 NAME SHLACHTMAN, MICHAEL  
5.3 STREET ADDRESS 13135 SW 107 ST  
5.4 CITY-ST-ZIP MIAMI FL 33186

Change Addition

6.1 TITLE D  
6.2 NAME JACK MILLER  
6.3 STREET ADDRESS 7600 SW 125 ST  
6.4 CITY-ST-ZIP MIAMI FL 33156

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033831

CR2E037 (9/96)

4/3/97

305 667 4415