FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 MAR 20 PM 2:22

DOCUMENT # 728694 (1)

1. Corporation Name
WEST AVENUE JEWISH CENTER, INC.

33140

Principal Place of Business	Mailing Address
P O BOX 402652 MIAMI BEACH FL 33140-7652	P O BOX 402652 MIAMI BEACH FL 33140-7652 ✓

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1974	3a. Date of Last Report: 03/30/1994
4. FEI Number: 59-1738059	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1666 79th Street Causeway	26 1666 79th Street Causeway
Suite, Apt. #, etc. 22 608	Suite, Apt. #, etc. 27 608
City & State 23 Miami Beach, Florida	City & State 28 Miami Beach, Florida
Zip / Country 24 33141 / 25 USA	Zip / Country 29 33141 / 30 USA

9. Name and Address of Current Registered Agent

PAUL KWITNEY
420 LINCOLN RD #512
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: Murray B. Weil, Jr., Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 1666 79th Street Causeway
83 Suite 608
84 City: Miami Beach FL 85 Zip Code: 33141

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: MURRAY B. WEIL, JR. 3/9/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	GOLOWINSKI, DAVID	1.2 NAME	
STREET ADDRESS	2929 N BAY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ITZKOWITZ, JOSEPH	2.2 NAME	
STREET ADDRESS	52 GARETTA ST. #312B	2.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KLEIN, FAYE	3.2 NAME	
STREET ADDRESS	1030 9TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	ARON, JOSEPH	4.2 NAME	
STREET ADDRESS	1200 WEST AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition
NAME	KAPLAN, ESTER	5.2 NAME	
STREET ADDRESS	1200 WEST AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: Esther S. Kaplan 3/09/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042006