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

APPROVED AND FILED
95 MAR 16 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730148 (4)

1. Corporation Name
B'NAI SEPHARDIM SHAARE SHALOM OF HOLLYWOOD, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3670 STIRLING ROAD FT. LAUDERDALE FL 33312	3670 STIRLING ROAD FT. LAUDERDALE FL 33312

3. Date Incorporated or Qualified: 06/20/1974
3a. Date of Last Report: 02/02/1994
4. FEI Number: 23-7420141 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)
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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALCHEK, FRED 2049 SOUTH OCEAN DRIVE HALLANDALE FL 33009	81 Name: Fred Alchek 82 Street Address (P.O. Box Number is Not Acceptable): 1524 N.W. 182nd Avenue 83 84 City: Pembroke Pines FL 85 Zip Code: 33029

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: FRED ALCHEK — Fred Alchek — MAR 13/95
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	D	☒ Change ☐ Addition
NAME	~~COHEN, EZRA~~	1.2 NAME	COHEN, EZRA	
STREET ADDRESS	~~20024 N.E. 6TH CT. CIR.~~	1.3 STREET ADDRESS	20024 N.E. 6th Ct. Circle	
CITY-ST-ZIP	~~N. MIAMI BCH. FL~~	1.4 CITY-ST-ZIP	N. Miami Beach, FL 33179	
TITLE	~~V~~ P	2.1 TITLE	D & P	☒ Change ☐ Addition
NAME	SALAMA, ELIAS	2.2 NAME	Salama, Elias	
STREET ADDRESS	~~913 DIPLOMAT PKWY.~~	2.3 STREET ADDRESS	3802 N.E. 207th Street (T.H. #7)	
CITY-ST-ZIP	~~HALLANDALE FL~~	2.4 CITY-ST-ZIP	Aventura, FL 33180	
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	OTMEZGUINE, SERGE	3.2 NAME		
STREET ADDRESS	19221 N.E. 22ND AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BCH. FL	3.4 CITY-ST-ZIP		
TITLE	D & VP	4.1 TITLE	D & VP	☒ Change ☐ Addition
NAME	ALCHEK, FRED	4.2 NAME	Alchek, Fred	
STREET ADDRESS	~~2049 S. OCEAN DR.~~	4.3 STREET ADDRESS	1524 N.W. 182nd Avenue	
CITY-ST-ZIP	~~HALLANDALE FL~~	4.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE	D	5.1 TITLE	D & S	☐ Change ☐ Addition
NAME	BENZRIHEM, PROSPER	5.2 NAME		
STREET ADDRESS	2803 NE 164TH STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BCH. FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BEN-HORIN, YEHUDA	6.2 NAME		
STREET ADDRESS	21321 N.E. 19TH AVE.	6.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BCH. FL	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: S. OTMEZGUINE — 3. OTMEZGUINE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MAR 13 95 — Date
(305) 895-7675 — Daytime Phone #

0048178