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Feb 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 730148 (4)

1. Corporation Name

B'NAI SEPHARDIM SHAARE SHALOM OF HOLLYWOOD, INC.

Principal Place of Business

3670 STIRLING ROAD
FT. LAUDERDALE FL 33312

Mailing Address

3670 STIRLING ROAD
FT. LAUDERDALE FL 33312-6200



3. Date Incorporated or Qualified
06/20/1974

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

23-7420141

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

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
1524 N.W. 182ND AVENUE
PEMBROKE PINES FL 33029

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	D	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, EZRA	
STREET ADDRESS	20024 N.E. 6TH CT. CIRCE	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SALAMA, ELIAS	
STREET ADDRESS	3802 N.E. 207TH STREET (T.H. #7)	
CITY-ST-ZIP	AVENTURA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	OTMEZGUINE, SERGE	
STREET ADDRESS	19221 N.E. 22ND AVE.	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	ALCHEK, FRED	
STREET ADDRESS	1524 N.W. 182ND AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BENZRIHEM, PROSPER	
STREET ADDRESS	2803 NE 164TH STREET	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEN-HORIN, YEHUDA	
STREET ADDRESS	21321 N.E. 19TH AVE.	
CITY-ST-ZIP	N. MIAMI BCH. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SALAMA, ELIAS	
1.3 STREET ADDRESS	3802 N.E. 207th Street TH#7	
1.4 CITY-ST-ZIP	Aventura, Florida 33180	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALCHEK, FRED	
2.3 STREET ADDRESS	1524 N.W. 182nd Avenue	
2.4 CITY-ST-ZIP	Pembroke Pines, Florida 33029	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SEITON, MENASHE	
3.3 STREET ADDRESS	2301 South Ocean Drive #2308	
3.4 CITY-ST-ZIP	Hollywood, Florida 33019	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 checked) or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0036115

CR2E037 (9/96)