

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **730468** (6)

1. Corporation Name

CONGREGATION BINYAN DAVID, INC.



Principal Place of Business <b>220 WASHINGTON AVE. MIAMI BEACH FL 33139-7130</b>	Mailing Address <b>220 WASHINGTON AVE. MIAMI BEACH FL 33139-7146</b>
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3. Date Incorporated or Qualified <b>08/12/1974</b>	3a. Date of Last Report <b>02/14/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>	4. FEI Number <b>23-7408528</b> Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDELSTEIN, EMANUEL  
3475 PRAIRIE AVE.  
MIAMI BCH. FL 33140**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	FL	85 Zip Code
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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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEISELS, EZEKIEL	1.2 NAME	
STREET ADDRESS	261 RUTLEDGE STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKLYN NY	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEISELS, REISEL	2.2 NAME	
STREET ADDRESS	220 WASHINGTON AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH, FL 00000	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELSTEIN, EMANUEL	3.2 NAME	
STREET ADDRESS	3475 PRAIRIE AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH, FL 00000	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELSTEIN, KLARA	4.2 NAME	
STREET ADDRESS	3475 PRAIRIE AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH, FL 00000	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEISELS, MOSHE	5.2 NAME	
STREET ADDRESS	50 BLAUVELT ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	MONSEY NY	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEISELS, D.B.	6.2 NAME	
STREET ADDRESS	1450 44TH ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKLYN NY	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 changed, or on an attachment with an address.

SIGNATURE: **EMANUEL EDELSTEIN** *Emmanuel S.D. 2/10/97*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0027259

CR2E037 (9/96)