FILE NOW: FILING FEE IS \$61.25			FILED		
NONPROFIT		IMENT OF STATE	Feb 15,	1999 8:00	am
CORPORATION	Katherine		,		
ANNUAL REPORT	Secretary		Secreta	ary of Sta	le
1999	DIVISION OF CORPORATIONS		02-15-1999 90017 032 ******75.00		
DOCUMENT # 730468					
1. Corporation Name					
CONGREGATION BINYAN DAVID, INC	, ,				
Principal Place of Business	Mailing Address				-
220 WASHINGTON AVE.	3475 PRARIE AVE				
MIAMI BEACH FL 33139-7130	MIAMI BEACH FL 33140 US				IN AN ANN ANN ANN ANN ANN ANN ANN ANN AN
	2a Mailing Address	<u></u>	3. Date Incorporated or Qualife		
2. Principal Place of Business	2a. Mailing Address 26		08/12/1974		
21 Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number	/	Applied For
22	27		23-7408528		tot Applicable Additional
City & State	City & State		5. Certifcate of Status Desired		Required
Zip Country	28	Country	6. Election Campaign Financin	g \$5.0	0 May Be
24 25	1 · ·	30	Trust Fund Contribution		to Fees
9. Name and Address of Current	Registered Agent		10. Name and Address of New	v Registered Agent	
• •		81 Name			
EDELSTEIN, EMANUEL		82 Street Add	dress (P.O. Box Number is Not Acce	ptable)	
3475 PRAIRIE AVE. MIAMI BCH. FL-33140		83			
MIAMI DUTI. FL'OUTAV					
		84 City		85 Zi	o Code
and the state of the	and 617.1508, Florida Statute	84 City s, the above-named cor	poration submits this statement for the	FL.	registered
11. Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	ons of, Section 617.0503, Flor	s, the above-named cor	red when reinstating)	he purpose of changing cept the appointment as the state of the second s	registered {}
 Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation 	and title if applicable. (NOTE:	es, the above-named cor thorized by the corporation of the corporation	red when reinstating) ADDITIONS/CHANGES TO C	he purpose of changing cept the appointment as DATE DFFICERS AND DIREC	registered registered to registered to regis
11. Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE SIGNATURE Signature. typed or printed name of registered agent. 12. OFFICERS AND TITLE PD	and title if applicable. (NOTE:	es, the above-named con thorized by the corporational statutes. Registered Agent signature regul 13.	red when reinstating)	he purpose of changing cept the appointment as the state of the second s	registered registered to registered to regis
11. Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE SIGNATURE Signature. typed or printed name of registered agent. 12. OFFICERS AND TITLE PD NAME MEISELS, EZEKIEL	and title if applicable. (NOTE: 0 DIRECTORS	es, the above-named con- thorized by the corporational statutes.	red when reinstating) ADDITIONS/CHANGES TO C	he purpose of changing cept the appointment as DATE DFFICERS AND DIREC	registered registered to registered to regis
11. Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE SIGNATURE SIGNATURE Signature, typed or printed name of registered agent. 12. OFFICERS AND TITLE PD NAME MEISELS, EZEKIEL STREET ADDRESS 261 RUTLEDGE STREET PDOCKLYN NY NY	and title if applicable. (NOTE: 0 DIRECTORS	PS, the above-named control thorized by the corporation of the corpora	red when reinstating) ADDITIONS/CHANGES TO C	he purpose of changing cept the appointment as DATE DFFICERS AND DIREC	registered registered to registered to regis
11. Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE SIGNATURE Signature. typed or printed name of registered agent. 12. OFFICERS AND TITLE PD NAME MEISELS, EZEKIEL STREET ADDRESS 261 RUTLEDGE STREET CITY-ST-ZIP BROOKLYN NY	and title if applicable. (NOTE: 0 DIRECTORS	es, the above-named con- thorized by the corporational statutes.	red when reinstating) ADDITIONS/CHANGES TO C	he purpose of changing cept the appointment as DATE DFFICERS AND DIREC	registered registered for the
11. Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE Signature. typed or printed name of registered agent. 12. OFFICERS AND TITLE PD NAME MEISELS, EZEKIEL STREET ADDRESS 261 RUTLEDGE STREET CITY-ST-ZIP D	and the if applicable. (NOTE:) DIRECTORS	PS, the above-named control thorized by the corporation of the corpora	red when reinstating) ADDITIONS/CHANGES TO C	he purpose of changing, cept the appointment as DATE DFFICERS AND DIREC	registered registered for the
11. Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE SIGNATURE Signature. typed or printed name of registered agent. 12. OFFICERS AND TITLE PD NAME MEISELS, EZEKIEL STREET ADDRESS 261 RUTLEDGE STREET CITY-ST-ZIP D TITLE D	and the if applicable. (NOTE:) DIRECTORS	IS, the above-named control thorized by the corporation idea Statutes. Registered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO C	he purpose of changing, cept the appointment as DATE DFFICERS AND DIREC	registered registered for the transferred for
11. Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE SIGNATURE SIGNATURE Bignature, typed or printed name of registered agent. 12. OFFICERS AND TITLE PD NAME MEISELS, EZEKIEL STREET ADDRESS 261 RUTLEDGE STREET CITY-ST-ZIP BROOKLYN NY TITLE D NAME MEISELS, REISEL STREET ADDRESS 220 WASHINGTON AVE. CITY-ST-ZIP MIAMI BEACH, FL 000000	In order. Such change was do	IS, the above-named control of thorized by the corporation idea Statutes. Registered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO C	he purpose of changing, cept the appointment as DATE DFFICERS AND DIREC	e Addition
11. Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation of	and the if applicable. (NOTE:) DIRECTORS	IS, the above-named cor ithorized by the corporat ida Statutes. Registered Agent signature requined 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	red when reinstating) ADDITIONS/CHANGES TO C	he purpose of changing cept the appointment as DATE DFFICERS AND DIREC	e Addition
11. Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE SIGNATURE SIGNATURE Signature. typed or printed name of registered agent. 12. OFFICERS AND TITLE PD NAME MEISELS, EZEKIEL STREET ADDRESS 261 RUTLEDGE STREET CITY-ST-ZIP BROOKLYN NY TITLE D NAME: MEISELS, REISEL STREET ADDRESS 220 WASHINGTON AVE. CITY-ST-ZIP MIAMI BEACH, FL 000000 TITLE SD NAME: SD NAME: SD VANE: EDELSTEIN, EMANUEL	In order. Such change was do	IS, the above-named cor ithorized by the corporat ida Statutes. Registered Agent signature requination 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	red when reinstating) ADDITIONS/CHANGES TO C	he purpose of changing cept the appointment as DATE DFFICERS AND DIREC	e Addition
11. Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. 12. OFFICERS AND TITLE PD NAME MEISELS, REISEL STREET ADDRESS 220 WASHINGTON AVE. CITY-ST-ZIP MIAMI BEACH, FL 000000 TITLE SD NAME SUBELSTEIN, EMANUEL STREET ADDRESS 3475 PRAIRIE AVE.	In order. Such change was do	IS, the above-named cor ithorized by the corporat ida Statutes. Registered Agent signature requined 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	red when reinstating) ADDITIONS/CHANGES TO C	he purpose of changing cept the appointment as the purpose of changing cept the appointment as DATE DFFICERS AND DIREC Chang	e Addition
11. Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE SIGNATURE SIGNATURE Signature. typed or printed name of registered agent. 12. OFFICERS AND TITLE PD NAME MEISELS, EZEKIEL STREET ADDRESS 261 RUTLEDGE STREET CITY-ST-ZIP BROOKLYN NY TITLE D NAME: MEISELS, REISEL STREET ADDRESS 220 WASHINGTON AVE. CITY-ST-ZIP MIAMI BEACH, FL 000000 TITLE SD NAME: SD NAME: SD VANE: EDELSTEIN, EMANUEL	In order. Such change was do	IS, the above-named cor thorized by the corporat did Statutes. Registered Agent signature requined 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	red when reinstating) ADDITIONS/CHANGES TO C	he purpose of changing cept the appointment as DATE DFFICERS AND DIREC	e Addition
11. Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. 12. OFFICERS AND TITLE PD NAME MEISELS, REISEL STREET ADDRESS 220 WASHINGTON AVE. CITY-ST-ZIP MIAMI BEACH, FL 000000 TITLE D NAME STREET ADDRESS STREET ADDRESS 3475 PRAIRIE AVE. CITY-ST-ZIP MIAMI BEACH, FL 000000 TITLE D NAME EDELSTEIN, KLARA	Trionoda, Such Criange was address of section 617.0503, Flor and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE DELETE	IS, the above-named cor thorized by the corporat da Statutes. Registered Agent signature requinant 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	red when reinstating) ADDITIONS/CHANGES TO C	he purpose of changing cept the appointment as the purpose of changing cept the appointment as DATE DFFICERS AND DIREC Chang	e Addition
11. Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation of the obligating of the obligation of the obligation of	Trionoda, Such Criange was address of section 617.0503, Flor and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE DELETE	IS, the above-named conthorized by the corporation id Statutes. Registered Agent signature requination is a structure of the corporation is a	red when reinstating) ADDITIONS/CHANGES TO C	he purpose of changing cept the appointment as the purpose of changing cept the appointment as DATE DFFICERS AND DIREC Chang	e Addition
11. Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE 12. OFFICERS AND PD NAME MEISELS, EZEKIEL STREET ADDRESS 261 RUTLEDGE STREET CITY-ST-ZIP BROOKLYN NY TITLE D NAME MEISELS, REISEL STREET ADDRESS 220 WASHINGTON AVE. CITY-ST-ZIP MIAMI BEACH, FL 00000 TITLE SD NAME SUPELSTEIN, EMANUEL STREET ADDRESS 3475 'PRAIRIE AVE. CITY-ST-ZIP D NAME EDELSTEIN, KLARA STREET ADDRESS 3475 PRAIRIE AVE. CITY-ST-ZIP MIAMI BEACH, FL 00000	Trionda, Such Crange was adopted in approximate and the interpretable. (NOTE) DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	IS, the above-named conthorized by the corporation is a statutes. Registered Agent signature requination is a statute in the corporation is a statute in the corporation is a structure of the corporation is a s	red when reinstating) ADDITIONS/CHANGES TO C	he purpose of changing cept the appointment as the purpose of changing cept the appointment as DATE DFFICERS AND DIREC Chang	e Addition
11. Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the state of agent. I am familiar with and accept the state of agent. I am familiar with and accept the state of agent. I am familiar with and accept the state of a state of agent. I am familiar with and accept the state of a state of agent. I am familiar with and accept the state of a state of agent. I am familiar with and accept the state of a st	Trionoda, Such Criange was address of section 617.0503, Flor and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE DELETE	IS, the above-named conthorized by the corporation id Statutes. Registered Agent signature requination is a structure of the corporation is a	red when reinstating) ADDITIONS/CHANGES TO C	he purpose of changing cept the appointment as DATE DFFICERS AND DIREC ☐ Chang ☐ Chang	e Addition
11. Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE SIGNATURE SIGNATURE SIGNATURE Stignature, typed or printed name of registered agent. 12. OFFICERS AND TITLE PD NAME MEISELS, EZEKIEL STREET ADDRESS 261 RUTLEDGE STREET CITY-ST-ZIP BROOKLYN NY TITLE D NAME MEISELS, REISEL STREET ADDRESS 220 WASHINGTON AVE. CITY-ST-ZIP MIAMI BEACH, FL 00000 TITLE SD NAME EDELSTEIN, EMANUEL STREET ADDRESS 3475 'PRAIRIE AVE. CITY-ST-ZIP MIAMI BEACH, FL 00000 TITLE D NAME EDELSTEIN, KLARA STREET ADDRESS 3475 'PRAIRIE AVE. CITY-ST-ZIP MIAMI BEACH, FL 000000 TITLE D NAME EDELSTEIN, KLARA STREET ADDRESS 3475 'PRAIRIE AVE. CITY-ST-ZIP MIAMI BEACH, FL 000000 TITLE D NA	Trionda, Such Crange was adopted in approximate and the interpretable. (NOTE) DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	IS, the above-named cor thorized by the corporat ida Statutes. Registered Agent signature requi- 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	red when reinstating) ADDITIONS/CHANGES TO C	he purpose of changing cept the appointment as DATE DFFICERS AND DIREC ☐ Chang ☐ Chang	e Addition
11. Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE SIGNATURE PD NAME MEISELS, EZEKIEL STREET ADDRESS 261 RUTLEDGE STREET CITY-ST-ZIP BROOKLYN NY TITLE D NAME STREET ADDRESS 220 WASHINGTON AVE. CITY-ST-ZIP MIAMI BEACH, FL 000000 TITLE NAME STREET ADDRESS 3475 PRAIRIE AVE. CITY-ST-ZIP MIAMI BEACH, FL 000000 TITLE D NAME EDELSTEIN, KLARA STREET ADDRESS 3475 PRAIRIE AVE. CITY-ST-ZIP </td <td>Trionda, Such Crange was adopted in approximate and the interpretable. (NOTE) DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE</td> <td>IS, the above-named cor thorized by the corporat da Statutes. Registered Agent signature requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP</td> <td>red when reinstating) ADDITIONS/CHANGES TO C</td> <td>he purpose of changing cept the appointment as DATE DFFICERS AND DIREC □ Chang □ Chang □ Chang</td> <td>rors IN 12 e Addition e Addition</td>	Trionda, Such Crange was adopted in approximate and the interpretable. (NOTE) DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	IS, the above-named cor thorized by the corporat da Statutes. Registered Agent signature requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	red when reinstating) ADDITIONS/CHANGES TO C	he purpose of changing cept the appointment as DATE DFFICERS AND DIREC □ Chang □ Chang □ Chang	rors IN 12 e Addition e Addition
11. Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the state of agent. I am familiar with and accept the state of agent. I am familiar with and accept the state of agent. I am familiar with and accept the state of agent. I am familiar with and accept the state of agent. I am familiar with agent and accept the state of a state of agent. I am familiar with agent agent agent agent agent agent agent. I am familiar with agent agent agent agent agent agent agent. I am familiar with agent agent agent. I am familiar with agent agent agent ag	Trionda, Such Crange was adopted in approximate and the interpretable. (NOTE) DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	IS, the above-named conthorized by the corporation statutes. Registered Agent signature requination in the corporation of the corporation is a statute set of the corporation of the co	red when reinstating) ADDITIONS/CHANGES TO C	he purpose of changing cept the appointment as DATE DFFICERS AND DIREC ☐ Chang ☐ Chang	rors IN 12 e Addition e Addition
11. Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE Stenature, typed or printed name of registered agent 12. OFFICERS AND 11. PD NAME MEISELS, EZEKIEL STREET ADDRESS 261 RUTLEDGE STREET CITY-ST-ZIP BROOKLYN NY TITLE D NAME MEISELS, REISEL STREET ADDRESS 220 WASHINGTON AVE. CITY-ST-ZIP MIAMI BEACH, FL 00000 TITLE SD NAME SUBELSTEIN, EMANUEL STREET ADDRESS 3475 'PRAIRIE AVE. CITY-ST-ZIP MIAMI BEACH, FL 00000 TITLE D NAME EDELSTEIN, KLARA STREET ADDRESS 3475 'PRAIRIE AVE. CITY-ST-ZIP MIAMI BEACH, FL 000000 TITLE D NAME EDELSTEIN, KLARA STREET ADDRESS 3475 'PRAIRIE AVE. CITY-ST-ZIP MIAMI BEACH, FL 000000 TITLE D NAME MEISELS, MOSHE STREET ADDRESS 50 BLAUVELT ROAD CITY-ST-ZIP <	Trionda, Such change was accord on s of, Section 617.0503, Flor and title if appricable. (NOTE: D DIRECTORS D DELETE	IS, the above-named conthorized by the corporation it orized by the corporation it orized by the corporation is a statutes. Registered Agent signature requination is a structure of the image of the i	red when reinstating) ADDITIONS/CHANGES TO C	he purpose of changing cept the appointment as DATE DFFICERS AND DIREC □ Chang □ Chang □ Chang	rors IN 12 e Addition e Addition
11. Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation structure is the section of the state of agent. I am familiar with, and accept the obligation structure is the section of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the state of agent. I am familiar with, and accept the state of agent. I am familiar with and accept the state of a state of agent. I am familiar with and accept the state of agent. I am familiar with and accept the state of a state of agent. I am familiar with and accept the state of agent. I am familiar with and accept the state of agent. I am familiar with and accept the state of agent. I am familiar with and accept the state of agent. I am familiar with and accept the state of a state of agent. I am familiar with and accept the state of a state of a state of a state of agent. I am familiar with and accept the state of a state of	Trionda, Such change was accord on s of, Section 617.0503, Flor and title if appricable. (NOTE: D DIRECTORS D DELETE	IS, the above-named constitutorized by the corporation statutes. Registered Agent signature requined in the corporation of the	red when reinstating) ADDITIONS/CHANGES TO C	he purpose of changing cept the appointment as DATE DFFICERS AND DIREC □ Chang □ Chang □ Chang	rors IN 12 e Addition e Addition
11. Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND TITLE PD NAME MEISELS, EZEKIEL STREET ADDRESS 261 RUTLEDGE STREET CITY-ST-ZIP BROOKLYN NY TITLE D NAME MEISELS, REISEL STREET ADDRESS 220 WASHINGTON AVE. CITY-ST-ZIP MIAMI BEACH, FL 00000 TITLE SD NAME SD NAME EDELSTEIN, EMANUEL STREET ADDRESS 3475 PRAIRIE AVE. CITY-ST-ZIP MIAMI BEACH, FL 00000 TITLE D NAME EDELSTEIN, KLARA STREET ADDRESS 3475 PRAIRIE AVE. CITY-ST-ZIP MIAMI BEACH, FL 000000 TITLE D NAME BEDELSTEIN, KLARA STREET ADDRESS 50 BLAUVELT ROAD CITY-ST-ZIP MIAMI BEACH, FL 000000 TITLE D NAME MEISELS, MOSHE STREET ADDRE	Trionda, Such change was accord on s of, Section 617.0503, Flor and title if applicable. (NOTE: D DIRECTORS D DELETE	IS, the above-named control is a structure of the corporation is a structu	red when reinstating) ADDITIONS/CHANGES TO (he purpose of changing cept the appointment as DATE DFFICERS AND DIREC Chang	registered { is registered { registered { is r
11. Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE Signature. typed or printed name of registered agent. 12. OFFICERS AND TITLE PD NAME MEISELS, EZEKIEL STREET ADDRESS 261 RUTLEDGE STREET CITY-ST-ZIP BROOKLYN NY TITLE D NAME MEISELS, REISEL STREET ADDRESS 220 WASHINGTON AVE. CITY-ST-ZIP MIAMI BEACH, FL 00000 TITLE D NAME SD NAME EDELSTEIN, EMANUEL STREET ADDRESS 3475 PRAIRIE AVE. CITY-ST-ZIP MIAMI BEACH, FL 00000 TITLE D NAME EDELSTEIN, KLARA STREET ADDRESS 3475 PRAIRIE AVE. CITY-ST-ZIP MIAMI BEACH, FL 000000 TITLE D NAME MEISELS, MOSHE STREET ADDRESS 50 BLAUVELT ROAD CITY-ST-ZIP MONSEY NY TITLE D NAME MEISELS, D.B. STREET ADDRESS <td>Trionda. Such charge was accome of section 617.0503, Flor and title if appricable. (NOTE DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE h this filing does not qualify for annual report is true and accu</td> <td>IS, the above-named cor thorized by the corporat da Statutes. Registered Agent signature requing 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 STREET 5.1 STRE</td> <td>n Section 119.07(3)(i), Fiorida Statut</td> <td>he purpose of changing cept the appointment as DATE DFFICERS AND DIREC □ Chang □ Chang □ Chang □ Chang □ Chang □ Chang □ Chang</td> <td>rores an incomparison of the main of the m</td>	Trionda. Such charge was accome of section 617.0503, Flor and title if appricable. (NOTE DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE h this filing does not qualify for annual report is true and accu	IS, the above-named cor thorized by the corporat da Statutes. Registered Agent signature requing 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 STREET 5.1 STRE	n Section 119.07(3)(i), Fiorida Statut	he purpose of changing cept the appointment as DATE DFFICERS AND DIREC □ Chang □ Chang □ Chang □ Chang □ Chang □ Chang □ Chang	rores an incomparison of the main of the m
11. Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE SIGNATURE SIGNATURE SIGNATURE PD NAME MEISELS, EZEKIEL STREET ADDRESS 261 RUTLEDGE STREET CITY-ST-ZIP BROOKLYN NY TITLE NAME MEISELS, REISEL STREET ADDRESS 20 WASHINGTON AVE. CITY-ST-ZIP MIAMI BEACH, FL 00000 TITLE SD NAME STREET ADDRESS 3475 PRAIRIE AVE. CITY-ST-ZIP MIAMI BEACH, FL 000000 TITLE D NAME STREET ADDRESS S0 BLAUVELT ROAD CITY-ST-ZIP	Trionda. Such charge was accome of section 617.0503, Flor and title if appricable. (NOTE DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE h this filing does not qualify for annual report is true and accu	IS, the above-named cor thorized by the corporat da Statutes. Registered Agent signature requing 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 STREET 5.1 STRE	n Section 119.07(3)(i), Fiorida Statut	he purpose of changing cept the appointment as DATE DFFICERS AND DIREC □ Chang □ Chang □ Chang □ Chang □ Chang □ Chang □ Chang	rores an incomparison of the main of the m

÷. ÷