

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT,
1996



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

FILED

96 FEB 20 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732642

1. Corporation Name
WORLD FEDERATION OF HUNGARIAN JEWS, MIAMI DIVISION,
INC.
10101 E. Bay Harbor Drive, Apt. 609, Bay Harbor, Florida
33154

Principal Place of Business

Mailing Address

Same

3. Date Incorporated or Qualified
4-23-1975

3a. Date of Last Report
2-10-95

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HATTIE SCHWARTZ
9341 Collins Avenue
Surfside, Florida 33154

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

400001719374
-02/20/96--01076--026
*****78.00
FL

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

Hattie Schwartz

HATTIE SCHWARTZ

February 9, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President / Dir.	<input type="checkbox"/> DELETE
NAME	Hattie Schwartz	
STREET ADDRESS	9341 Collins Avenue	
CITY, ST, ZIP	Surfside, Florida 33154	
TITLE	Secretary	<input checked="" type="checkbox"/> DELETE
NAME	Evelyn Arnet	
STREET ADDRESS	1340 Lincoln Road	
CITY, ST, ZIP	Miami Beach, Florida 33139	
TITLE	Treasurer	<input checked="" type="checkbox"/> DELETE
NAME	Rose Orenstein	
STREET ADDRESS	3800 S. Ocean Drive	
CITY, ST, ZIP	Hollywood, Florida	
TITLE	V.P.	<input checked="" type="checkbox"/> DELETE
NAME	Rose Roth	
STREET ADDRESS	6969 Collins Avenue, M.B., Fla. 33154	
CITY, ST, ZIP		
TITLE	V.P.	<input checked="" type="checkbox"/> DELETE
NAME	Szendrei, Martin	
STREET ADDRESS	251-174th Street	
CITY, ST, ZIP	Miami Beach, Florida	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Same	
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE	Secretary / Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Alice Klein	
2.3 STREET ADDRESS	10101 E. Bay Harbor Drive	
2.4 CITY, ST, ZIP	Bay Harbor, Florida 33154	
3.1 TITLE	Treasurer / Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Maqda Kalman	
3.3 STREET ADDRESS	6423 Collins Avenue, M.B. Fla. 33140	
3.4 CITY, ST, ZIP		
4.1 TITLE	V.P. / Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Katy Lemberg	
4.3 STREET ADDRESS	16423 Collins Avenue, Miami, Fla. 33160	
4.4 CITY, ST, ZIP		
5.1 TITLE	V.P. / Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Renee Rudas	
5.3 STREET ADDRESS	4743 Pinetree Drive	
5.4 CITY, ST, ZIP	Miami Beach, Florida 33140	
6.1 TITLE	V.P. / Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Margot Fenyo	
6.3 STREET ADDRESS	9209 Dickens Avenue, Surfside, Fla. 33154	
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)(k), 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: Hattie Schwartz

February 9, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HATTIE SCHWARTZ

Date Daytime Phone #

CR2E037 (12/95)