

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 732642

(4)

1. Corporation Name

WORLD FEDERATION OF HUNGARIAN JEWS, MIAMI DIVISION, INC.

Principal Place of Business

Mailing Address

10101 E. BAY HARBOR DR.  
APT. 609  
BAY HARBOR FL 33154

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APT. 609  
BAY HARBOR FL 33154

3. Date Incorporated or Qualified

04/23/1975

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

SCHWARTZ, HATTIE  
9341 COLLINS AVE.  
SURFSIDE FL 33154

10. Name and Address of New Registered Agent

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 PD ☐ DELETE

NAME SCHWARTZ, HATTIE  
STREET ADDRESS 9341 COLLINS AVENUE  
CITY-ST-ZIP SURFSIDE FL

TITLE SD ☐ DELETE

NAME KLEIN, ALICE  
STREET ADDRESS 10101 E. BAY HARBOR DR.  
CITY-ST-ZIP BAY HARBOR FL 33154

TITLE TD ☐ DELETE

NAME KALMAN, MAGDA  
STREET ADDRESS 6429 COLLINS AVE.  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE VD ☐ DELETE

NAME LEMBERG, KATY  
STREET ADDRESS 16423 COLLINS AVE.  
CITY-ST-ZIP MIAMI FL 33160

TITLE VD ☐ DELETE

NAME RUDAS, RENEE  
STREET ADDRESS 4743 PINETREE DR.  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE VD ☐ DELETE

NAME FENYO, MARGOT  
STREET ADDRESS 9209 DICKENS AVE.  
CITY-ST-ZIP SURFSIDE FL 33154

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

Alice Klein

4/5/98

305 868 3784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)

FILED  
Jul 16 1998 8:00am  
Secretary of State

